

GRADE CHANGE FORM (INSTRUCTORS)

Course Subject:	Cc	ourse Number:	Title:	
Student Name:			Student ID:	
Semester and Y	ear:	Former Grade:	Revised Grade:	
The reason for th	he grade change	is:		
Student Name: Student ID:				
Semester and Y	ear:	Former Grade:	Revised Grade:	
The reason for th	ne grade change i	s:		
Student Name:			Student ID:	
Semester and Year:		Former Grade:	Revised Grade:	
The reason for t	he grade change	is:		
Date:				
		Instructor's Signa	ture:	
F 0//		Signature of Exec Director or Depart	cutive tment Chair:	
For Office Date posted:	Use Only Initials:	·		
				Update 02/07/2025