



The Graduate School
Division of Graduate Education
600 Lincoln Avenue
Charleston, IL 61920

Grade Correction Form

Change of Deferred Credit Grade

Return completed form to the Records Office

Student name:

Name _____ ID# _____

Department _____ Course Number _____ Credit Hours _____ Semester/Year _____

Change grade from "DC" to: _____

Instructor Information

Name: _____ Department: _____

Phone Number: _____

Date: _____ Instructor signature: _____

Faculty members are responsible for mailing or delivering this form to the Records Office. Forms presented to Records Office by students will not be accepted.