

## GRADE CORRECTION FORM

**INSTRUCTIONS (PRINT CLEARLY)** Return completed form to the Records office

**STUDENT NAME**

**DATE:**

LAST                      FIRST                      MIDDLE

Student ID Number

Department

Course Credit    Enrollment    Enrollment  
Number Hours    Semester    Year

For  
Course

**INSTRUCTOR INFORMATION**

Name (Printed) :

Department :

Work Phone :

Home Phone :

**PURPOSE (CHECK THE APPROPRIATE BOX)**

**CHANGE OF FINAL GRADE FROM A, B, C, D, F TO I, W, WP OR WF (Attach Required Documentation)**

CHANGE GRADE FROM                      TO

DATE    INSTRUCTOR SIGNATURE

DATE    DEPARTMENT SIGNATURE

DATE    ACADEMIC DEAN SIGNATURE

**CHANGE FROM INCOMPLETE ('I') OR DEFERRED CREDIT ('DC') TO :**

FINAL GRADE :

\* To change an Incomplete Grade or Defeed Credit, this form must be signed by the instructor.

DATE    INSTRUCTOR SIGNATURE

**CHANGE OF GRADE** : CHANGE GRADE FROM            TO

Reason for Change :

DATE

INSTRUCTOR SIGNATURE

**\* To request a change in grade, this form must be signed by the Department Chair ( Includes 'X' grade)**

Recommend Approval :

Disapproval :

DATE

DEPARTMENT CHAIR SIGNATURE

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