



**Office of the National Registrar
Change of Grade Form**

Campus		Major/Program			
Last Name (Student)		First		Middle	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____					
Dept	Course #	Section #	Course Title	Units	Grade
Reason for Grade Change: <input type="checkbox"/> Computational Error <input type="checkbox"/> Instructor missed deadline for turning in grade forms to the National Registrar's Office. <input type="checkbox"/> Grade was recorded as an Incomplete. <input type="checkbox"/> Other (Please explain justification of request) <hr/> <hr/>					

Instructor Name (Please print)	Instructor Signature	Date

APPROVED

Department Chair Signature	Date
College/Dean Signature	Date

DISAPPROVED

Department Chair Signature	Date
College/Dean Signature	Date

**Please complete this form and return to the National Registrar's Office.
Please do NOT list more than one student per form.**