Office of the National Registrar
Change of Grade Form

Campus: _________________________ Major/Program: ____________________________________________

Last Name (Student): _______________________ First: ____________________ Middle: ____________

Term/Year: _____ Fall _____ Spring _____ Summer

Dept.: ____ Course #: ____ Section #: ___ Course Title: ______________________ Units: _____ Grade: _____

Reason for Grade Change:

___ Computational Error

___ Instructor missed deadline for turning in grade forms to the National Registrar’s Office.

___ Grade was recorded as an Incomplete.

___ Other (Please explain justification of request)

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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