HEBREW UNION COLLEGE JEWISH INSTITUTE OF RELIGION

Office of the National Registrar
Grade Change
Return the completed form to the National Registrar's Office. List ONLY ONE student per form.

Student Name

Last: _____First or Preferred:_____ Middle: _____

Course Information

Term: Fall: Spring: Summer: *In which calendar year?* _____

Subject (like BIB):_____ *Course #*:_____ *Section #*:_____ *Credits*: _____

Course Title:_____

Previous Grade: *New Grade*:

Reason for Grade Change

      Error in original report (e.g., computational error)

      Instructor missed deadline for submitting original grade

      Resolution of an Incomplete.

      Other (Please explain justification of request)

INSTRUCTOR APPROVAL

Instructor Signature: _____ Printed Name_____ Date: _____

APPROVED

Program Director Signature: _____ Date: _____