



Policy No. IS100.18
GRADE CHANGE REQUEST

Student Name: _____

Social Security Number: _____ **Campus** _____

Program Major: _____ **Student Phone:** _____

Address: _____ **City/State/Zip:** _____

Semester	Year	Course Number	Section	Credit Hours	Grade	Change Grade To

____ Removal of Incomplete ("I") Contract Completed _____
Date

____ Correction of Grade (Attach copy of grade book and/or attendance record)

Explanation Required – Reason for Requesting Change:

Instructor Signature

Date

APPROVED:

Department Head Signature

Date

RECEIVED:

Registrar

Date