



Request for a Grade Change

Year: _____

- Term Regular
 Fall
 Winter
 Summer

Name: _____

Student #: _____

B									
----------	--	--	--	--	--	--	--	--	--

Class: _____

CRN	Subject	Number	Section
-----	---------	--------	---------

Old grade: _____ New grade: _____

Reason for change: _____

Date Student's work submitted to Department: _____

In the case of Incomplete work, the deadline for submitting the work is as follows:

Fall term classes	February 1
Winter and Full-year classes	June 1
May classes	October 1
August classes	October 1

Thereafter the student must submit a written report to the appropriate Faculty or School office.

Instructor's signature: _____

Instructor's name (please print): _____ Date: _____

Asst. Dean signature (where relevant): _____ Date: _____

Registrar's Office Use only

Date processed: _____ Processed by: _____

Reason not processed: _____

Returned to faculty member: _____