



Registrar's Office

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REQUEST TO CHANGE A GRADE

Date \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

SID# \_\_\_\_\_

Table with 4 columns: YEAR AND TERM, COURSE DEPT AND NO., Section Number, Change in Grade (From, To)

Statement by faculty member regarding the change of grade:

Signature of Faculty Member

Statement by Department Chair:

Signature of Department Chair

Registrar's Signature

Date