



GRADE CHANGE FORM

STUDENT NAME _____ STUDENT ID # _____

COURSE TITLE & ITEM NUMBER _____

QUARTER/YEAR _____ COURSE NUMBER _____ CREDITS _____

GRADE PREVIOUSLY REPORTED _____ GRADE CHANGED TO _____

REASON FOR GRADE CHANGE _____

INSTRUCTOR SIGNATURE _____ DATE _____

DEAN'S SIGNATURE _____ DATE _____

For Office Use:

Date Posted _____

Posted by _____

NOTE: COMPLETED FORMS MUST BE SENT TO THE REGISTRATION OFFICE FOR GRADE POSTING. THIS REPORT MUST BE SUBMITTED BY THE INSTRUCTOR AND OR THE DEAN AND CANNOT BE HAND-CARRIED BY THE STUDENT.



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