



**INSTRUCTOR:** Save this PDF to your computer, open using Adobe Reader, complete, print, sign and submit to the Office of the Registrar.

This form is to be completed by the instructor of the course. For questions and information, please refer to your College's Grade Change Policy.

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
*Last First Middle*

Student ID #: \_\_\_\_\_ College \_\_\_\_\_ Class of: \_\_\_\_\_

**COURSE & GRADE INFORMATION**

Term & Year: \_\_\_\_\_ (Example: Fall YYYY, Spring YYYY)

Course Name & #: \_\_\_\_\_ (Example: PBS704, COM859, PSYC320, etc.)

Course Title: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Indicate if student remediated the course:  Yes  No

Original Grade \_\_\_\_\_ Earned Change to Grade of \_\_\_\_\_

**The reason for the grade change is:**

*This section must be completed in order to process request. Use separate sheet if necessary.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
College Official

College	College Official
College of Pharmacy	Designated Academic Official for Academic Affairs or Dean of College
College of Medicine	Office of Medical Education
College of Health Sciences	Senior Associate Dean of Academic Affairs
College of Psychology	Designated Academic Official for Academic Affairs or Dean of College
College of Dental Medicine	Designated Academic Official for Academic Affairs or Dean of College
College of Graduate Studies	Designated Academic Official for Academic Affairs