



CHANGE OF GRADE FORM

* This form must submitted by the Instructor *

Name of Student: _____ Student ID #: _____
last first middle

Course #: _____ Course Title: _____ Date: ____/____/____

Quarter: [] Winter [] Spring [] Summer [] Fall Year: _____

Grade to be change from _____ to _____

Reason for the Change (in detail with evidence):

Name of instructor

Signature

Signature of Academic Dean / Director of Clinics

____/____/____
Date

Signature of Registrar

____/____/____
Date of Entry by Registrar