

Change of Grade Request/Petition

Student Name: _____ I.D. _____
(Last) (First) (MI)

Local Address: _____ Major: _____

1. Please print with ball point pen.

2. Fill in all requested information.

3. Obtain necessary signatures.

4. Hand-deliver to Registrar's Office.

FR SO JR SR
 Classification:

Fall Spring Year _____

Course Name: _____ Change grade from ___ to ___

The instructor's signature is required for **all** grade changes **and** additional signatures are required for changing grades from Letter to Letter (Ex: B to A). Rationale is **not required** for changing C/NC (Credit/NoCredit), AU (Audit), or I (Incomplete) to Letter grade.

Rationale:

ACTION	SIGNATURE	DATE
Approved [] Not Approved []	_____ Instructor's Signature	_____
Approved [] Not Approved []	_____ Dept. Chair's Signature	_____
Approved [] Not Approved []	_____ Vice President of Academics Signature	_____
Approved [] Not Approved []	_____ Student Accounts (if necessary)	_____

*Student Accounts' approval is required for an Audit-to-Letter grade change that raises full-time enrollment above 19 credit hours **and** all part-time enrollment (11.5 credit hours or less).

Registrar