

Change of Grade Request Form

Instructions: Complete and submit this form to the Registrar's Office in order to process a grade change. Note: A CLU faculty/staff member must deliver this form to the Registrar's Office – *no exceptions*.

Student's Name: _____ ID: _____

Course: _____
 Department Course # Semester Year

Recorded Grade: _____ Revised Grade: _____

Reason for Change of Grade (Please provide a brief explanation.):

For Incompletes Only:

Date Assignments Completed: _____

 Instructor's Name (Please print) Instructor's Signature Date

The dean's signature is not required if you are removing an incomplete from a student's record.

 Dean's Signature Date

<p>Registrar's Office Use CLU ID# _____</p> <p>A CLU faculty/staff member delivered this form.</p> <p>Initials _____</p> <p>Date: _____</p> <hr/> <p>FOR EVALUATOR USE ONLY:</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Evaluator's Signature _____ Date _____</p>
