



*Student ID#: A00 _____

*First Name: _____

*Last Name: _____

Program of Study: _____

Name of Specialty Director: _____

Course Instructor Name: _____

Course Number	Course Title	Semester	Year	From	To

Reason for Change: _____

Instructor: If this grade change is in conjunction with an academic integrity/appeal proceeding please attached the supporting letter regarding the change of grade.

Instructor's Approval: _____ Date: _____

Academic Dean's Approval: _____ Date: _____

Please submit the signed form to Registrar's Office for processing

----- Registrar's Office Use Only -----

Registrar's Staff Signature: _____ Date Change Made: _____