GRADE CHANGE FORM

Student ID #: ____________________ Today’s Date: ____________________

Current Term: Fall □ Spring □ Summer □ Year: ____________

Student Name: ____________________________________________

Phone #: ____________________________________________

Program: ____________________ Date: ____________________

PLEASE SUPPLY COMPLETE AND CORRECT INFORMATION

WHEN DID THE STUDENT ORIGINALY REGISTER FOR THIS COURSE?

TERM: FALL □ SPRING □ SUMMER □ YEAR ____________

<table>
<thead>
<tr>
<th>Dept. Code</th>
<th>Course #</th>
<th>Section</th>
<th>Credits</th>
</tr>
</thead>
</table>

Previous Grade: _____
New Grade: ______

The above-named student has removed the incomplete or deserves a change in grade.

Signature of Instructor: __________________________ Date: ________________

NOTE: Form will not be accepted if delivered by student.

WHITE – Registration Office CANARY – Instructor PINK - Student