REQUEST FOR CHANGE OF GRADE

Student Name ___________________________________________ ID# ________________

Last       First       MI

Session, Semester & Year of Course: ______________________________________________

Course prefix, number & section ________________________________________________

Instructor completes and signs form, obtains department chair’s approval and delivers
form to the office of the instructor’s academic dean (undergraduate course) or
graduate dean (graduate course) for processing.

Change Grade from ______ to ______.

Reason for change ______________________________________________________________

Instructor name: ____________________________________________
(print) Last       First       MI

Instructor signature: ___________________________ Date ______________________

Approved: ___________________________________________ Date ______________________

Instructor’s Department Chair

Approved: ___________________________________________ Date ______________________

Instructor’s Academic Dean

1st copy - Registrar     2nd copy - Dean

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FOR OFFICE USE ONLY

by: ______________ Date ______________