



Grade Change Form

PLEASE PRINT OR TYPE

DATE:	
STUDENT NAME:	STUDENT ID#:
COURSE NUMBER & SECTION:	
COURSE TITLE:	
TERM (Check): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20__	
CHANGE GRADE FROM _____ to _____	

Reason for Grade Change:

Submitted by:

FACULTY SIGNATURE/DATE: _____

Approved by:

DIVISION/PROGRAM DIRECTOR

SIGNATURE/DATE: _____

For Office of the Registrar Use ONLY. Copies of this completed form are to be placed in the student's academic and administrative file and sent to the Financial Aid Office.

Date Grade Change Completed: _____

REGISTRAR

SIGNATURE/DATE: _____

Formulated: Nov 1/10

Revised: Revised in Academic Team 11 18 2010; 4/1/2011; 4/19/2011

Location: T:\Aultman College\Academics\Academic Policies & Procedures\Draft Policies\COLLEGE\Grade Change\Grade Change Policy and Form