# GRADUATE GRADE CHANGE REQUEST

## SGS 011

**DIRECTIONS**

Faculty members are required to attached supporting documents that warrant the grade change, ensure that all fields are completed and signed.

**STUDENT INFORMATION**

First Name _____ Middle Name _____ Last Name _____

ID Number A000_____

**COURSE INFORMATION**

Course Title _____ Course Code _____ CRN _____

Instructor_____ Course offered in (Semester-Year) _____ Credit Hours ____

Instructor Email _____ Instructor Phone Number _____

**GRADE CHANGE INFORMATION**

Change grade from _____ to _____

**REASON FOR GRADE CHANGE**

- ☐ Computation Error
- ☐ Transcription Error
- ☐ Change "Incomplete" grade to final grade

**Comments**_____

_____

_____

**AUTHORIZATION**

Instructor's Signature _____ Date _____

☐ Attach Grade change documentation for Computational or Transcription Error.

Dean's Signature _____ Date _____

AVP's Signature _____ Date _____

**FOR OFFICIAL USE ONLY**

☐ Changes recorded by Registrar's Office Name _____ Date _____

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