

CHANGE OF GRADE FORM

Student's Name: _____ **SSN:** _____ - _____ - _____
Last Name First Name Middle Initial

Term Course was taken: Fall _____ Spring _____ Summer _____

Course Title: _____

CRN: _____ **Course No:** _____ **Credit Hrs:** _____

Change Grade of _____ **To Grade of** _____

Instructor Signature: _____ **Date:** _____

*****RETURN FORM TO ENROLLMENT SERVICES*****

Office use only:

Date Recorded: _____

By: _____