

Policy Appendix

Request to Change Grade Form
Policy Number 02:07:00

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Student Name	
Course	
Term Enrolled	Date Course was Completed
Original Grade	New Grade
Reason for Grade Change	
Faculty Member's Signature	Date
Approved Disapproved	
VP of Academic Affairs Signature_	Date
Recorded/	
Registrar/	

Revised: August 14, 2009