



Change of Grade Approval Form

Student's Name :	Course code & Number :	
ID # :	Title :	
College :	Term :	
Major :	Year :	
Grade before change	Grade After Change	
Reason's for grade change		
Course Instructor:	Signature	Date:

Department Chairperson	
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Signature:	Date:

College Dean	
<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Signature:	Date:

Office of Admissions and Registration	
Name:	Date:
Signature:	Date:

Registrar should send a memo to the student of the decision.