Date: ____________________

Student’s Name: ___________________________ ID#: _______________________

Semester/Year grade was obtained: ☐ Fall ______ ☐ Spring ______ ☐ Summer _______

Current semester: ______ Year: _________

Course Title: ___________________________________________________________________

Original Grade: ________ Grade Change: _________

Reason: _______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Instructor Signature        Date

______________________________________________________________________________

Director of Academic Affairs Signature   Date

______________________________________________________________________________

Director of Enrollment and Student Information Signature   Date

PASS Committee Review Date (if after four weeks): _________________________________

*The deadline for submission of a completed grade change form to the office of the Registrar is four weeks after the end of the semester or summer session in which the student took the class. Otherwise, it must be reviewed by the PASS Committee.

Revised January 2020