



## CHANGE OF GRADE FORM

Fill out and send to the registrar of your school

STUDENT'S NAME: \_\_\_\_\_  
Last First Middle

ID# \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_ SECTION: \_\_\_\_\_

SEMESTER/YEAR TAUGHT: \_\_\_\_\_ UNITS \_\_\_\_\_

NEW/REVISED GRADE: \_\_\_\_\_

FACULTY SIGNATURE / DATE: \_\_\_\_\_