

GRADE CHANGE FORM

Date: _____

Instructor: _____

Instructor Signature: _____

The following student's grade needs to be changed:

Student's Name: _____

Social Security Number: _____

Course Title: _____

Course # & Section: _____

Semester/Year Course was Taken: _____

Grade: _____

** Explanation of Grade Change: _____

(For Official Use Only)

Date Entered in POISE: _____

Entered by: _____

MUST BE COMPLETED FOR GRADE TO BE CHANGED****