CHANGE OF GRADE

This form is to be used for all grade changes, including disposition of incomplete.

Student Information:

Last Name _________________________First Name ______________________
CUA ID ___________________________
CUA Email ________________________Telephone: ______________________

Instructor Information:

Last Name _________________________First Name ______________________
CUA Email ________________________Telephone: ______________________

Course Information:

Course Subject, Catalog Number and Section _____________________________
Title ____________________________________________
Semester: [ ] Fall [ ] Spring Academic Year: 20___ - 20___

It is requested that the grade for the above course be changed from:_____ to _____.

Reason for this request: [Check one.]

☐ Calculation error by instructor.
☐ Administrative entry error.
☐ Student received an incomplete or extended incomplete (“I”); work in course now completed.
☐ No grade was posted. Explain: _____________________________________________
☐ Other: ___________________________________________________________________

_________________________________________________________
Signature of Instructor ______________________________ Date ________________

_________________________________________________________
Approval of Dean ______________________________ Date ________________