

## OFFICE OF THE REGISTRAR

## GRADE / CREDIT HOUR CHANGE

Student Name:	Please print clearly)
School/Major:	Expected Graduation Date (sem/yr):
Course #:Subject	Section: CRN: Credit:
Course Title:	
	Applicable Semester: Year:
Please Check One:	$\square$ grade change $\square$ credit change
Reason for Change:	
Previous Grade/Cred	dit: New Grade/Credit:
Student Signature:	Date: (Required for credit changes only)
Instructor Signature:	Date:
Dean Signature*: *Dean of school in which cour	se is offered

A grade change must be submitted no later than two weeks from the date when classes begin in the succeeding semester; hence, students are advised to review their grade reports carefully and promptly each semester.

\*\*Note: