



Grade Change Memo

Records and Registration Office

TERM _____ **YEAR** _____

Please use a separate memo per student and term

To: Records and Registration Office and Committee on Academic Standards

From: _____ (Instructor)

Date: _____

Re: **PLEASE CHANGE GRADE FOR THE FOLLOWING STUDENT(S):**

FULL NAME, SSN LAST 4 DIGITS	COURSE TITLE AND NUMBER	OLD GRADE	NEW GRADE	JUSTIFICATION FOR REQUESTED GRADE CHANGE:
				<input type="checkbox"/> Re-grading of exam/paper: (Opportunity must have been offered to all students) <input type="checkbox"/> Computational Error <input type="checkbox"/> Clerical Error <input type="checkbox"/> Course requirements completed after incomplete grade converted to I/F. <input type="checkbox"/> Other, please provide details:

Instructor's Signature

Date

PLEASE RETURN THIS FORM TO THE RECORDS AND REGISTRATION OFFICE, SUITE E-1002.

Protecting Health, Saving Lives—Millions at a Time