

**Office of the Registrar**  
304.865.6105 (office)  
304.865.6001 (fax)

## GRADE CHANGE FORM

Student name: \_\_\_\_\_

Course number: \_\_\_\_\_ Section: \_\_\_\_\_

Course title: \_\_\_\_\_

Semester (circle one):    Fall    Spring    Summer    Year: \_\_\_\_\_

Original grade: \_\_\_\_\_

Grade change: \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*VP for Academic Affairs* \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date*

\_\_\_\_\_  
*Instructor* \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Date*

### REGISTRAR'S USE ONLY

Date grade change made on permanent record: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Initials: \_\_\_\_\_

Student notification sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_