OFFICE OF STUDENT ASSISTANCE
CHANGE OF GRADE FORM

STUDENT ID NUMBER

LAST NAME

FIRST NAME

MIDDLE

Please check appropriate boxes

LEVEL:
- □ Undergraduate (01)
- □ Graduate (02)
- □ Doctoral (05)

TERM: __________________

SEMESTER:
- □ Jan Int.
- □ Spring
- □ May Int.
- □ Summer 1
- □ Summer 2
- □ Aug Int.
- □ Fall

TO INSTRUCTOR: Please circle appropriate choice and follow instructions:

1. **CHANGE FROM INC:** If more than 6 weeks have elapsed since the end of the semester, this form must be submitted to the Department Chairperson and the Dean of the school for approval with an explanation of change.

2. **GRADE TO GRADE:** Submit this form with an explanation of the change to the Department Chairperson and Dean for approval.

3. **SUBMIT GRADE:** This is to be used ONLY if the instructor omitted the student’s name from the roster. If more than 6 weeks have elapsed since the end of the semester, this form must be submitted to the Department Chairperson and the Dean of the school with an explanation of change for approval.

**PLEASE NOTE:**
No grade will be changed beyond six months after the conclusion of the semester in which the course was taken, except with the approval of the Chairperson, Dean and the Provost. Graduating students must have all grades submitted within 24 hours after the completion of final examinations. No grade will ever be changed after a degree has been officially awarded. **NO EXCEPTIONS.**

Please submit this form to the OSA office after all appropriate signatures have been obtained.

<table>
<thead>
<tr>
<th>COURSE REFERENCE NUMBER</th>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>FINAL LETTER GRADE</th>
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<tbody>
<tr>
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EXPLANATION:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

INSTRUCTOR’S NAME (PRINT)

INSTRUCTOR’S SIGNATURE ___________________ DATE ___________________

CHAIRPERSON’S SIGNATURE ___________________ DATE ___________________

DEAN’S SIGNATURE ___________________ DATE ___________________

PROVOST SIGNATURE ___________________ DATE ___________________

FOR OFFICE USE ONLY

[ ] SHAINST

HOME CAMPUS

[ ] NY

PLV

[ ] WP

OSA REP. ___________________ DATE ENTERED ___________________