OFFICE OF STUDENT ASSISTANCE
CHANGE OF GRADE FORM

STUDENT ID NUMBER
LAST NAME
FIRST NAME
MIDDLE

Please check appropriate boxes

LEVEL: □ Undergraduate (01) TERM: _______________ SEMESTER: □ Jan Int.
□ Graduate (02) □ Spring
□ Doctoral (05) □ May Int.
□ Summer 1 □ Summer 2
□ Aug Int. □ Fall
□ 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>
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<tr>
<th>COURSE REFERENCE NUMBER</th>
<th>DEPARTMENT</th>
<th>COURSE NUMBER</th>
<th>FINAL LETTER GRADE</th>
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EXPLANATION:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
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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 __________