



# GRADE CHANGE REQUEST MARSHALL UNIVERSITY



Name:  Student ID #:

Last                      First                      Middle                      Maiden                      901XXXXXX

Address:

Term for which the original grade was recorded:

CRN	DEPT	COURSE	SECTION	CREDIT	COURSE DESCRIPTION
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Requested Change: Report Grade as  Grade as currently recorded

Reason for making grade change:

Professor:  Date:

Department Chair:  Date:

Academic Dean:  Date:

Registrar:  Date:

Recalculated GPA:

## INSTRUCTIONS

1. The initiator of the request completes the grade change information.
2. Professor signs and forwards the request to the Department Chair.
3. Chair indicates approval by signing and forwarding the request to the Academic Dean.
4. Academic Dean indicates approval by signing and forwarding all copies to the Registrar's Office.
5. Registrar's signature indicates the change has been made.
6. Copies are returned to the Student, Professor, Chair and Dean.