

UNIVERSITY *of*
INDIANAPOLIS

Grade Change Form

Date: _____

Student ID Number: _____

Student's Last Name: _____ First: _____ MI: _____

Course Information: CRN: _____ Subject/Course #/Section: _____

Year and semester that course was taken: _____

Grade changes (other than DE or IN) require dean's approval.

Grade Reported: _____ Change to (circle one): A A- B+ B B- C+ C C- D+ D D- F W S U IN DE

Instructor's signature _____ Date _____ Department Chair _____ Date _____

Dean's signature _____ Date _____

Reason for change (letter grade only): _____

To be completed by Registrar's Office

Processed by: _____ Date processed: _____

Distribution: **White:** Registrar **Yellow:** Instructor