

DELAWARE STATE UNIVERSITY
OFFICE OF RECORDS AND REGISTRATION
DOVER, DE 19901
302-857-6375 (p) 302-857-6379 (f)

CHANGE OF GRADE REQUEST FORM

Permission is hereby requested to change the grade of:

(NAME OF STUDENT) (ID NUMBER)

TO: Appropriate Academic Dean FROM: _____ (instructor)
(print name)

in _____
(CRN) (COURSE TITLE)

for the _____ Semester, 20____ FROM _____ TO _____
(GRADE) (GRADE)

Statement of reason(s) for requesting change of grade:

Date: _____ Instructor Signature: _____

APPROVED: _____
Departmental Chairperson

DISAPPROVED: _____
Departmental Chairperson

APPROVED: _____
Dean (Grade Changes For Undecided Majors Must Be Signed By The Dean Of The College Of Humanities & Social Sciences)

DISAPPROVED: _____
Dean (Grade Changes For Undecided Majors Must Be Signed By The Dean Of The College Of Humanities & Social Sciences)

APPROVED:* _____
Provost and Vice President for Academic Affairs

DISAPPROVED:** _____
Provost and Vice President for Academic Affairs

- All grade changes submitted later than the succeeding semester must be approved by the Provost and Vice President for Academic Affairs.