



GRADE REVISION

STUDENT NAME: _____ SSN: XXX - XX _____

COURSE: _____ SEMESTER: _____ TERM: _____

INSTRUCTOR: _____ GRADE ORIGINALLY RECEIVED: _____

REASON FOR REVISION: _____

I understand that revisions may only be considered for Grade Corrections **NOT** Grade Improvement. The instructor will review your grades in the specified course and will make sure that his/her evaluation- calculations are correct. **Grade revision must be evaluated and submitted within 30 days of the end of the Term in question.**

OUTCOME OF GRADE REVIEW - If change is required, the new grade is: _____

REASON FOR CHANGE: _____

Instructor Signature

Date

Division Head Approval

Date

VP of Academics

Date

Financial Aid Dept.

Date

Registrar Signature

Date

INSTRUCTOR - Please return this completed form to the Registrar's Office. A copy of this form must be placed in the Student's Academic File.