



## Grade Revision

STUDENT'S NAME: \_\_\_\_\_ STUDENT NO. \_\_\_\_\_

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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Head Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP of Academic Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aid Dept.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's 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.**