

# STETSON UNIVERSITY

## Office of the Registrar Request for Grade Change

NOTE: This is NOT to be used for Removal of Incomplete. There is a web form on the Registrar Web page for Removal of Incompletes.

*NOTE: Form will be returned and not processed without proper completion of all blanks and signatures where applicable.*

_____	_____	_____	_____
Student Name		Student ID Number	
_____	_____	_____	_____
Course # & Section	Course Title	Instructor Name & Unit #	Sem./Yr. Taught

For the student listed above, please change the original grade given of \_\_\_\_\_ and replace it with \_\_\_\_\_.

Instructor's Signature: \_\_\_\_\_

Dean's Signature (required): \_\_\_\_\_

Comments: \_\_\_\_\_