Change of Grade Request Form

University of Houston-Downtown - **Registrar's Office N330**

UH-Downtown

Originator:

Date_____ This form completed by _____ ext._____ Dept._____

Semester Fall 20____ | Fall Mini 20____ | Spring 20____ | Spring Mini 20____

Summer I 20____ | Summer 9-week 20 _____ | Summer II 20____

UHD ID

Last Name | First Name | MI

DO NOT RELEASE THIS FORM TO STUDENTS!

- **If Grade Change Request is to issue an Instructor Correction of Grade <u>less than 1 yr old</u>:**
  Request will require the signature of the Instructor and Dept. Chair.
- **If Grade Change Request is to issue an Instructor Correction of Grade that is <u>more than 1 yr old</u>:**
  Request will require the signature of Instructor, Dept. Chair and Dean.
- **If Grade Change Request is to issue a "W" for withdrawal or to add a Grade as an original entry:**
  Request will require the signature of Instructor, Dept. Chair and Dean <u>in addition to an approved ATF</u> with Provost Signature.

COURSE NAME	COURSE NUMBER	COURSE CRN	ORIGINAL ENTRY	ADD/REVISED GRADE

Comments

Instructor's Printed Name | Instructor's Signature | Date

Department Chair's Printed Name | Department Chair's Signature | Date

Dean's Printed Name | Dean's Signature | Date

FOR OFFICE USE ONLY

Notes | Processed by | Date

Departments - Keep a copy of the completed form for your records
DO NOT RELEASE THIS FORM TO STUDENTS!

Revised 7/16/07