

Grade Change Request Form

This form is to be completed by the instructor or the Program Director of the course for which the grade change is being requested.

Submit Completed Form To: registrar@steinercollege.edu

Student's Name: _____ Date of Request: _____

Program: _____ Year: _____ Term: Fall Spring Summer

Instructor's Name: _____ Location: _____

Course Number: _____ Course Section: _____

Course Title: _____

Current Grade: _____	New Grade: _____
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Reason For Grade Change:

- Resolution of Incomplete grade (missing coursework completed)
- Instructor correction Missing grade
- Result of grade appeal Entry error
- Other: _____

Comments:

Instructor's Signature: _____ Date: _____

or

Program Director: _____

Program Director Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____