Grade Change Form
Missouri University of Science and Technology
Office of the Registrar

Student ID ___________________________ Student's Last Name ___________________________ First Name ___________________________

The above named student was enrolled in ___________________________ during the ________________ Semester  ________________ Year.

Subject ___________________________ Catalog Number ___________________________ Section ___________________________

Description ___________________________

The final grade should be changed from ___________________________ to ___________________________.

Old Grade ___________________________ New Grade ___________________________

The reason for this grade change is: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

APPROVED BY:

Instructor of Course ___________________________ Date ___________________________

Department Chair ___________________________ Date ___________________________

Vice Provost (required if instructor and department chair are the same individual) ___________________________

Date ___________________________

INVALID IF HANDLED BY STUDENT

Please route the form as follows: Instructor – Department Chair – Registrar's Office
RETURN ALL COPIES TO THE REGISTRAR’S OFFICE