FORM FOR REQUESTING A GRADE CHANGE

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This form is to be used faculty to request a change of graduater Graduate students.

It is requested that the grade for:			
(Student's Full Name)	(Stud	ent's EMPLID Number)	
In			
(Cours	(Original Grade)	(New Grade)	
The reason for this change			
(Instructor's Printed Name)	(Instructor's Sign	ature)	(Date)
W The grade change is approved.			
W The grade change is denie			
Approval of Associate Dean			
Comments:			
(Associate Dean's Printed Name	(Associate Dean	s Signajture	(Date)
School of Architecture and Planning			