

EKU - ACADEMIC CHANGE OF GRADE FORM

STUDENT'S NAME: _____	EKU STUDENT ID NUMBER: _____
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Last name,

First name

All parts of items 1. & 2. are mandatory.

1. FROM GRADE: _____ TO GRADE: _____ SEMESTER _____ YEAR _____

2. COURSE: ^{3 LETTER}COURSE PREFIX: _____ ^{3 DIGIT}COURSE NUMBER: _____ SECTION NO. (CRN): _____

3. *Please state the specific reason(s) for the proposed grade change:*

4.

Grade change recommended by: _____
PRINT Instructor's Name

Date course work completed: _____
Date

Instructor Signature

5.

Date _____ **Approved:** _____
*Department Chair Signature
(Only original department chair signature will be accepted.)

Date _____ **Approved:** _____
**College Dean (if required)

***Only department chair's signature will be accepted on the form. The form must be submitted in a standard white envelope (with on-campus border) sealed with the department chair's signature on the back. The signed envelope can be delivered by campus mail or by a department administrative assistant.**

Note: All grade changes must be made by the following deadlines: for fall semester grades - the last day of the following spring semester; and for spring, and summer semester grades - the last day of the following fall semester. **College dean's signature required after the above deadlines.

**Forward this form to:
 Records Department
 Whitlock RM 239 CPO 58**

For Registrar's Office Use Only

Processed By: _____ **Date:** _____