EKU - ACADEMIC CHANGE OF GRADE FORM

STUDENT’S NAME: ____________________________

EKU STUDENT ID NUMBER: ____________________

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: _______

Revised 9/19/73