Student Grade Change Request

Grade Change Request

Student Name: Last	First	MI	SID		Date

Instructor's Name: (please print)	Department	Course No.	Section	Item No.	Enrolled Quarter

Grade changes are allowed through one quarter following the end of the quarter in which the course was taken. *Change requests must be initiated by the student and approved by the Instructor of Record of the name course.*

Enrolled Quarter

☐ Fall   ☐ Winter

☐ Spring   ☐ Summer

Year:_____

Student Petition Request: Arguments for Grade Change

Student signature and date   **Grade requested**