

**CHANGE OF GRADE - Office of the Registrar
University of Central Arkansas**

(* REQUIRED) PLEASE PRINT ALL INFORMATION. Incomplete forms cannot be processed.

INSTRUCTIONS: Complete and submit to the Office of the Registrar. Student delivered changes cannot be accepted. This form will be returned to department after the change is made to the student's record. **PLEASE TYPE OR PRINT.**

*** List ONLY ONE COURSE PER FORM**

*STUDENT'S NAME _____ *ID # B _____
Last First Middle Initial

*CRN #: _____ *Course Prefix _____ *Course # _____

*Course Title: _____

*TERM TAKEN: FALL, SPRING, MAY, 10 WEEKS, SUMMER I, SUMMER II, WINTER _____
year

*Date course requirements completed if X grade (REQUIRED): _____

*CHANGE GRADE: FROM _____ TO _____

*REASON FOR CHANGE (OPTIONAL): _____

*INSTRUCTOR DATE

*COLLEGE DEAN DATE

*DEPARTMENT CHAIRPERSON DATE

*GRADUATE DEAN DATE
(GRADUATE LEVEL COURSES ONLY)

An incomplete form will be returned to department for correction.

OFFICE OF THE REGISTRAR USE ONLY	
DATE RECEIVED: _____	
DATE RECORDED: _____	BY: _____
DATE SCANNED: _____	BY: _____
07312009	