Mountwest
Community & Technical College

GRADE CHANGE REQUEST

Name: _____ **Student ID #:** _____

Last First Middle 942XXXXXX

Address: _____

Term for which the original grade was recorded: _____

CRN	DEPT	COURSE	SECTION	HOURS	COURSE TITLE

Currently Recorded Grade _____ **Requested Change: Report Grade as** _____

Reason for making grade change: _____

Professor: _____ **Date:** _____

Division Dean: _____ **Date:** _____

Dean of Student Services: _____ **Date:** _____

Registrar: _____ **Date:** _____

Recalculated GPA: _____

INSTRUCTIONS

1. The initiator of the request completes the grade change information.
2. Professor signs and forwards the request to the Division Dean.
3. Division Dean indicates approval by signing and forwarding the request to the Dean of Student Services.
4. Dean of Student Services indicates approval by signing and forwarding to the Registrar's Office.
5. Registrar's signature indicates the change has been processed.
6. Copies are returned to the Student, Professor, and Deans.