

DEPARTMENT of BIOMEDICAL ENGINEERING and MECHANICS

Grade Change Request Form

To the Faculty:

If you wish to change a student's grade, please fill out the information below (through the "instructor signature" line) and submit it to the Graduate Coordinator who will obtain department head approval and submit it electronically to the Registrar's office. If you have any questions about the form, please contact the graduate coordinator.

CHANGE OF GRADE

		N/A	N/A					N/A
Student No.	Student Name	Level	Curriculum	Dept.	Course #	CRN #	Hrs	Option

REASON FOR CHANGE:

THE UNIVERSITY REGISTRAR IS AUTHORIZED TO CHANGE

The Grade of _____ to the Grade of _____

For the ___ Semester 20_____

Instructor: _____
Signed date

Dept. Head: _____
Signed date

Transaction No. _____
OFFICE USE ONLY

Grad. Coordinator: _____
Signed date

Grad. School Dean: _____
 (If submitting after deadline) Signed date