EKU - ACADEMIC CHANGE OF GRADE FORM

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)

This form to be forwarded by the Department Chair to:
Registrar
(Records Office)
SSB CPO Box 58

FOR OFFICE USE ONLY
Current G.P.A. _______________________
Student’s College _______________________

*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 secretary.

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.

Revised 04/07/07