

EKU - ACADEMIC CHANGE OF GRADE FORM

STUDENT'S NAME:	EKU STUDENT ID NUMBER:
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Last name,

First name

All parts of items 1. & 2. are mandatory.

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.**