

FAYETTEVILLE STATE UNIVERSITY
Change of Grade Form

Students' Name _____ SS# _____

Major: _____ Classification: _____

Course & Number _____ Course Title: _____

Semester or Session Grade was issued: _____

Grade changed from: _____ To: _____

Note: Only grades of A, B, C, D, F, P, S, U, are covered by this form. Also, grade change is to be made within first nine (9) weeks of the semester or term the grade was issued. (See Catalog)

Attachments for Review:

Class Record _____ Student Requirements _____ Evaluations _____

Justification for Request:

Instructor's Signature: _____ Date: _____

Approved

Disapproved

Department Chair Date

Department Chair Date

College/School Dean Date

College/School Dean Date

Graduate Studies Dean (If Applicable) Date

Graduate Studies Dean (If Applicable) Date

Provost and Vice Chancellor
for Academic Affairs Date

Provost and Vice Chancellor
for Academic Affairs Date