



Fayetteville State University
Change of Grade Form

Student's Name: Banner Id

Major: Classification:

Course Title: Course & Number:

Semester or Session Grade was issued: Year:

Grade changed from: to

Note: Only grades of A,B,C,D,F,P,S,U are covered by this form. Grade changes are to be requested within the first nine (9) weeks of the semester or term following the semester or term in which the grade was issued. (See Catalog)

Attachments for Review:

Class Record: Student Requirements: Evaluations:

Justification for Request:

Large empty rectangular box for justification.

Instructor's Signature: Date:

Approved

Department Chair Date

College/Dean Date

Graduate Studies Dean (If applicable) Date

Provost and Vice Chancellor for Academic Affairs Date

Disapproved

Department Chair Date

College/Dean Date

Graduate Studies Dean (If applicable) Date

Provost and Vice Chancellor for Academic Affairs Date