

Change of Grade
University of Arkansas at Monticello

STUDENT _____ **ID #** _____

COURSE ID and SECTION: _____ **COURSE TITLE:** _____ **TERM:** _____

This student was given a grade of _____. The correct grade is _____.

REASON FOR CHANGE:

SUBMITTED BY:

DATE:

SIGNATURE OF INSTRUCTOR
INSTRUCTOR - PROVIDE STUDENT A COPY

APPROVED BY:

DATE:

SIGNATURE OF UNIT HEAD
UNIT SHOULD RETAIN A COPY

SIGNATURE OF VICE CHANCELLOR FOR ACADEMIC AFFAIRS

ACCEPTED BY:

SIGNATURE OF REGISTRAR

Processed by: _____ **Date:** _____ **Scanned by:** _____