

GRADE CHANGE REQUEST FORM

OFFICE OF THE REGISTRAR

45 Eureka St., Pasadena, CA 91103 TEL 626.529.8076 RegistrarOffice@pacificoaks.edu

This form is for internal use only and must be submitted directly to the Office of the Registrar by faculty. Grade change requests submitted by students will not be accepted. Students wishing to appeal a grade must follow the policies outlined in the Academic Catalog found HERE.

Grade changes are not permitted for assignments submitted after the end of class, unless the student has an approved Incomplete Grade Contract. These requests will be reported to the Associate Dean of your respective program.

SECTION I: STUDENT/COURSE INFORMATION						
Student Name:			Pi	gram of Study: Level: Discipline:		
Instructor Name:					Date of Request:	
Term/Year (e.g. Fall, Fall 1, or Fall 2 2019)	DEPT (e.g. HD)	Class # (e.g. 500)	Section # (e.g. 1P)	Class Title		Units
SECTION II: GRADE CHANGE INFORMATION						
Original Grade: Final C						
Reason for grade change: Academic Standards Committee decision to change grades from "W" to N/A						
Resolution of Incomplete Grade Result of approved grade appeal						
Data entry error Miscalculation						
Missing Grade Other:						
Additional Comments:						
SECTION VI: APPROVAL						
SECTION VI. ALL ROVAL						
Instructor Signature:					Date:	
CECTION VIII. BROCESSING						
SECTION VII: PROCESSING						
Registrar Initials:			Dat	e Received:	Date Processed:	

Version 3.0 Date: 06.2023

ion 3.0 Page 1 of 1