

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 _____	_____
	<i>Instructor Signature</i>

5.

Date _____	Approved: _____
	<i>*Department Chair Signature</i> (Only original department chair signature will be accepted.)
Date _____	Approved: _____
	<i>**College Dean (if required)</i>

***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 administrative assistant.**

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.

**Forward this form to:
Records Department
Whitlock RM 239 CPO 58**

For Registrar's Office Use Only	
Processed By: _____	Date: _____