Name:

Ram ID#

Credit Hours:

Semester & Year:

Grade to be changed from



REQUEST TO CHANGE A GRADE

The Instructor will complete three original copies of the form and secure the approval of the Department Chair. The

Department Chair will forward the three copies with original signatures to the Dean, who will convene a review panel.

Following the decision of the review panel and approval of the Dean, the three copies of the request with original

signatures should be forwarded to the Vice President of Academic Affairs for approval before the grade is changed in the

Records Office.

**I hereby request permission to make a change in the grade reported to the Records Office for:**

Student

to

Reason for the Change:

Date

**Action on Request:**

Approved

Not Approved

[ ]

Departmental Chairperson

Date

Dean

Date

Vice President for Academic Affairs

Date

Received, Records Office, on (Date) :

Signature:

Title

Albany State University - Albany, Georgia 31705 - (229) 430-4635

University System of Georgia An Equal Opportunity Affirmative Action Institution

Name and Title of Course:

Name of Faculty Member (Please Print)

Signature of Faculty Member

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