

The University of Alabama in Huntsville
Office of Student Records
OFFICIAL CHANGE OF GRADE FORM

(please type or print and complete **all** requested information)

Student Name: _____ Date: _____
Student ID: _____

Course Subject: _____ Course Number: _____ Section: _____ Hours: _____ Semester and
Year taken: _____

Original Grade

New Grade

Reason for Change: (check one)

Removal of X or I. Date work completed: _____

Instructor Error. Explain briefly: _____

Other. Explain: _____

Instructor's Name: _____ Signature: _____

Department Chair Approval: _____ *Dean's Approval: _____

*Required only if department chair is course instructor.

Records Office Only

Date Received: _____ Processed By: _____ Processed Date: _____

Distribution: 1. Records Office

2. Student

3 & 4. Major School/Department