

UNIVERSITY *of*  
INDIANAPOLIS

**Grade Change Form**

Date: \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Course Information: CRN: \_\_\_\_\_ Subject/Course #/Section: \_\_\_\_\_

Year and semester that course was taken: \_\_\_\_\_

**Grade changes (other than DE or IN) require dean's approval.**

Grade Reported: \_\_\_\_\_ Change to (circle one):  
A    A-    B+    B    B-    C+    C    C-  
D+    D    D-    F    IN    DE    W    S    U

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_ Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean's signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for change (letter grade only): \_\_\_\_\_

**To be completed by Registrar's Office**

Processed by: \_\_\_\_\_ Date processed: \_\_\_\_\_