

Grade Change Form

INTERNAL FORM – DO NOT GIVE THIS FORM TO THE STUDENT.

Preferred Submission: Submit this form through Adobe Sign whenever possible.

Alternatives: Email the completed form from the instructor's campus email address to registrar@csuci.edu, or deliver it to the Registrar's Office in a sealed envelope signed across the flap.

Required: Complete the entire form. If the instructor is unavailable, the Program Chair may sign.

STUDENT INFORMATION

Student Name

Student ID Number

COURSE INFORMATION

Term Original Grade Assigned

☐ Fall ☐ Spring ☐ Summer

Year

Department and Course Number

Example: PSY 100

Section and Class Number

Example: 01-1234

Original Grade

Revised Grade

INSTRUCTOR / PROGRAM CHAIR AUTHORIZATION

Name (Print)

Role

☐ Instructor ☐ Program Chair

Signature

Date

REGISTRAR'S OFFICE USE ONLY

Change in Academic Standing?

☐ Yes ☐ No

If yes, standing after grade change

Notes (Optional)

Processed By – Initials and Date

Student Notification Sent – Initials and Date