Grade Change Form

This form is not to be given to the student at any time. All Grade Change forms must be submitted directly to the Registrar's Office, either in a sealed envelope with the submitter's signature on the flap or by e-mail from the instructor's campus e-mail address to registrar@csuci.edu. The entire form must be completed in order to be processed. If the instructor is unavailable, the Program Chair may sign.

Student Information

Student Name: _____

Student ID Number: _____

Course Information

Term Original Grade Assigned: _____   Year: _____

Department and Course Number (ex. PSY 100): _____   Section and Class Number (ex. 01-1234):_____

Original Grade: _____   Revised Grade: _____

Instructor Name (Print): _____

Instructor Signature: _____ Date: _____

Registrar's Office Use Only

Student Program: UGRD / PBAC / CRED

Program Status: Active / Discontinued / Academically Disqualified

Student Applied for Graduation: Y / N   If yes, anticipated graduation term: _____

Semester Honors Earned: Y / N

Change in Academic Standing: Y / N   If yes, Academic Standing after grade change: _____

Processed by (Initial and Date): _____Student Notification Sent (Initial and Date):_____