

GRADUATE CHANGE OF GRADE FORM
CLAYTON STATE UNIVERSITY
School of Graduate Studies

From: _____
Instructor

Department Chair: _____

Please change the ORIGINAL GRADE of _____ given to:

Last Name First Name MI Student ID Number

For the following course:

Course Abbrev. Course Number Section

Taken in:
(insert year) FALL _____ SPRING _____ SUMMER I _____ SUMMER II _____

CHANGE GRADE TO : _____

Semester and Year in which change is requested:

(insert year) FALL _____ SPRING _____ SUMMER I _____ SUMMER II _____

Justification for the Change of Grade:

Signature of Instructor

Date

Department Chair

Date

Graduate Program Director

Date

Dean of the College

Date

Dean of the School of Graduate Studies

Date