



REQUEST FOR GRADE CHANGE

DIRECTIONS

A faculty member is required to attach supporting documents that warrant the grade change, ensure that all fields are completed and signed.

STUDENT INFORMATION

First Name _____ Middle name _____ Last Name _____
ID Number A000 _____ AUN E-mail _____@aun.edu.ng

COURSE INFORMATION

Course Title _____ Course Code _____ CRN _____
Instructor _____ Course offered in (Semester-Year) _____ Credit Hours ____
Instructor Email _____ Instructor Phone Number _____

GRADE CHANGE INFORMATION

Change grade from _____ to _____

REASON FOR GRADE CHANGE

For any claims by the student or other procedures, photocopies of relevant documents must be attached. In case of the student attending an incorrect section, instructors for both sections need to sign this form.

- Computational Error
- Grade Transposition
- Transcription Error
- Student enrolled in one section but attended another (both instructors must sign below)
- Instructor/Student missed deadline for turning in "Incomplete" grade
- Instructor failed to consider all work or failed to average in all test(s)
- Change "Incomplete" grade to final grade
- Incorrect grade assignment because of student name change or student ID number change
- Resolution of differences addressed in Grade Appeal Process
- Decision of Grade Appeals Committee

Comments _____

AUTHORIZATION

Instructor's Signature _____ Date _____

- Attach Grade Change Documentation for Computational or Transcription Error.

Dean's Signature _____ Date _____

Provost's Signature _____ Date _____

REGISTRAR OFFICE USE ONLY

Changes recorded by Registrar's Office Name _____ Date _____