

BELLEVUE UNIVERSITY
GRADE CHANGE REQUEST

Curricular College: CAS CST COB CPE

Student ID Number:

Name:
 Last: First: Middle: Maiden:

SESSION FOR WHICH THE ORIGINAL GRADE WAS RECORDED:

TRADITIONAL TERMS	COHORT TERMS	MASTER'S PROGRAMS	DOCTORAL PROGRAMS
TERM CODE: <input type="text"/>	TERM CODE: <input type="text"/>	TERM CODE: <input type="text"/>	TERM CODE: <input type="text"/>

Discipline	Course No.	Section No.	Credit	Course Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE WORK WAS COMPLETED: CURRENT GRADE: CHANGE TO:

REASON FOR MAKING GRADE CHANGE:

NAME OF COURSE PROFESSOR: (Print):

PROFESSOR SIGNATURE:

DATE:

DEAN/APPROVED DESIGNATE:

DATE:

REGISTRAR:

DATE:

INSTRUCTIONS

The professor should initiate this form by completing the identifying information, the grade change information, the new grade, and the reason for the change. The professor should sign the form and forward it to the Dean or approved designate. The Dean or approved designate indicates approval by signing the form and forwarding it to the Registrar. In the absence of the College Dean, the approved designate will sign. Incomplete forms will be returned for completion. The Registrar's signature indicates that the change has been made on the student's permanent record. When the change has been made, the professor and student will be notified by receiving a copy of this form.