



WENZHOU-KEAN
UNIVERSITY

CHANGE OF GRADE FORM

Instructions:

Please complete and print all information as requested.

This form should not be given a student at any time.

STUDENT'S NAME _____ I.D. No. _____
Last First M.I.

Dept. Code _____ Course No. _____ Section NO. _____

Course Title _____	<u>Semester</u>	<u>Year</u>
	(Check One)	
	() Fall	_____
	() Spring	_____
	() Summer I	_____
	() Summer II	_____
	() Other	_____

Change Grade Form To

Reason _____

Instructor's Name (Please Print) _____ Signature _____ Date _____

Approvals:

Department Chairperson _____ Date _____

Please take Copy 3- Department Chairperson for your records, after you have signed.

VP, of Academic Affairs _____ Date _____

Please take Copy 2 – Dean's Copy for your records, after you have signed.

After all approvals have been obtained, please send Copy 1 – Registrar to the Office of the Registrar/Records.

FOR OFFICE USE ONLY

Computer Updated By _____ Date _____ Roster Updated By _____ Date _____

Office of the Registrar