

Instructor Grade Change Form

(Return to Registration@edisonohio.edu)

Student's Last Name			First Name_		M.I	
Student ID#	Current Phone Number			Date		
			Course Inform	ation		
Dept. (e.g. ENG)	Num. (e.g. 21S)	Sect. (e.g.018SS)	Term Code (e.g. 2015SS)	Term (e.g. Spring)	Year (e.g. 2016)	
			Grade Informa	ition		
Grade Reported As (select one)						
Change Grade to (select one)						
Explanation for Grade Change:						
Instructor's Signature:				Date:		
				mpleted within the allott	ed time which is to be no more	
than 100 calendar days after the last day of the semester.						
Office Use						
	STAC	STNC	FGID CRI-RCGI	RACHA Student Notif	ied Instructor Notified	
Processed by		l l				