

Instructor Grade Change Form

(Return to info@edisonohio.edu)

Student's Information

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Phone Number _____

Course Information

Dept. <small>(e.g. ENG)</small>	Num. <small>(e.g. 21S)</small>	Sect. <small>(e.g. 018SS)</small>	Term Code <small>(e.g. 2015SS)</small>	Term <small>(e.g. Spring)</small>	Year <small>(e.g. 2016)</small>

Grade Information

Grade Reported as _____ Change grade to _____

Explanation for Grade Change: _____

Instructor's Signature: _____ Date: _____

Incomplete grade "I" will be changed to a failing grade if work is not completed within the allotted time which is to be no more than 100 calendar days after the last day of the semester.

Office Use

	FGID or FGRN	CRI: R-GRACHA
Processed by		
Date		