



# Request for Change of Grading System

**Procedures:**

1. Obtain instructor's signature.
2. Submit completed form to your Program Manager.

*Please print in blue or black ink*

Undergraduate

Graduate

Campus: \_\_\_\_\_ Academic Program: \_\_\_\_\_

ID #

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Name: \_\_\_\_\_  
( Last ) ( First )

Current Address: \_\_\_\_\_  
( Street Address ) ( Apt Number )

\_\_\_\_\_ ( City ) ( State ) ( Zip )

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

<b>Semester/Session:</b>	<b>Year:</b>
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Course	Section	Course Title	Audit	Pass/No Pass	Letter Grade

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changed in Datatel by: \_\_\_\_\_ Date: \_\_\_\_\_