OFFICE OF ACADEMIC AFFAIRS



GRADE CHANGE REQUEST

Student Name				
ID Number				
Course Name				
Course Number				
Term	Fall	Spring	Summer	
Year				
Original grade				
Change grade to				
Reason for grade change				
Instructor's signature				Date
CAO				Date
Once completed, this form must be sent to the University Registrar				
or email to registrars@ozarks.edu.				

479.979.1349 OAA@ozarks.edu @UOzarks University of the Ozarks 415 North College Avenue Clarksville, Arkansas