



## 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](mailto:registrars@ozarks.edu).