



Final Grade Change / Incomplete Grade Resolution

Name: _____ **ID #** _____

Semester: _____ -- _____

Course Code: Department _____ **Class** _____ **Section:** _____

Title of Course: _____

Current grade: _____ **New grade:** _____

Justification for grade change:

Instructor Signature: _____ **Date:** _____

Dean: _____ **Date:** _____

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Received and recorded by the Office of the Registrar: Date: