

**NORTH CENTRAL STATE COLLEGE
STUDENT GRADE CHANGE**

Date: _____ Student ID Number: _____

Student Name: _____
Last First MI

Term Course Was Taken by Student: _____

Course Number: _____ Section Number: _____

Course Title: _____

Change Grade From: _____ To: _____

Explanation of Change:

Signature of Instructor

Signature, Divisional Dean/Department Chair

Division Dean/Asst. Dean, please return completed form to Office of Student Records, KH-2.

OFFICE USE ONLY

Date Grade Change was Processed: _____

Grade Change Processed By: _____