

# NORTH CENTRAL STATE COLLEGE STUDENT GRADE CHANGE

Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First MI

Quarter 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

*Divisional Dean/Chair, please return completed form to: The Office of Student Records.*

*\* Department Chair: please send a copy of the completed form to: Divisional Dean.*

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## OFFICE USE ONLY

Date Grade Change was Processed: \_\_\_\_\_

Grade Change Processed By: \_\_\_\_\_