



UNIVERSITY of SAINT FRANCIS

Change in Semester Grade

Student ID # \_\_\_\_\_

Change grade from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Course Number & Section

\_\_\_\_\_  
Year

\_\_\_\_\_  
Term

Reason for grade change: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved or Denied

\_\_\_\_\_  
Dean's Signature

(circle one)

\_\_\_\_\_  
Date

Must be signed by the Department Chair and Dean before being submitted to the Registrar's Office.

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Date



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