



COLLEGE OF HEALTH PROFESSIONS
APPEAL FOR GRADE CHANGE

To be completed by student: (Form alone will not be considered)

Complete student information below and attach the following with the form:

- 1. Letter stating special circumstances for grade change
2. Supporting documentation (i.e. E-mail, letters of documentation from instructor, etc.)

CRN Course Number/Name Semester/Year (i.e. F 03)

University Identification Number Student Name

Street Address

City State Zip

Daytime Phone Evening Phone E-mail

Student's Signature Date

To be completed by professor:

Approve [] Deny [] Professor's Signature Date

Comments (or attach statement):

Approve [] Deny [] Department Chair's Signature Date

Approve [] Deny [] Student Affairs Committee Chair's Signature Date

Approve [] Deny [] Dean's Signature Date

Sent to Registrar: Date Entered into Banner: Date