

ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY

Office of the Registrar

Post Office Box 908

Telephone: (256) 372-5254

Fax: (256) 372-5253

CHANGE OF GRADE FORM*

DATE: _____

Name: _____
(Last) (First) (Middle)

Student Number: _____

Course Title and Number: _____

When student enrolled in the course? _____
(Semester & Year)

Credit Hours: _____

Recorded Grade: _____ New Grade: _____

Justification**:

APPROVED:

Department Chairperson

Instructor's Name (Print/Type)

Dean of School

Instructor's Signature

Vice President Academic Affairs

Instructor's Ext. No.

Grade Changes must be submitted by the end of the semester following the semester that this grade was awarded

Documentation for the grade change in accordance with UG Policy #21 must accompany this form