

Change of Grade Form

Instructor: Please submit a form for each student receiving a grade change to:

The Director of Academic Operations - AcademicOperations@davenport.edu

Student's Name: _____

ID: _____

Term Taken: _____

Course Code: _____

CRN: _____

Change Letter Grade **FROM:** _____ **TO:** _____

*LAD: _____

*Note: For any grade changing **to** I, F, NF or NC, a **Last Attendance Date** (LAD) must be supplied.

The grade change has been requested for the following reason(s):

- Grade changes can be made only by the original class instructor
- Grade changes must be completed by the end of the first 30 business days of the subsequent semester/session

Instructor's Signature: _____ Date: _____

Instructor's Printed Name: _____

****Instructor: Please submit completed form directly to:** The Director of Academic Operations - AcademicOperations@davenport.edu

Forms submitted to the Registrar's Office without approval will not be processed

Director of Academic Operations: Signature: _____ Date: _____

Director of Academic Operations: Printed Name: _____