

Date: _____

Term Registered: _____

Hollins University
Grade Change Form

Last Name: _____ First: _____ MI: _____

Student ID: _____

Please circle the appropriate student classification: UNDERGRADUATE GRADUATE

Course Reference Number (CRN): _____ (ex. 90524)

Course Subject & Number: _____ (ex: ART 100)

Number of Credits: _____

Former Grade was _____

New Grade is _____

Reason for change:

_____ To Remove an Incomplete

_____ Error in Computing Average

_____ Error in Original Report

_____ Other (action required by Academic Policy Committee) please explain _____

Signature of Faculty Member _____

Faculty Member Name (Printed) _____

Approved: _____

Disapproved: _____

Signature of Chair, Ac Pol Committee

Date