Date: [_____]   Term Registered: [_____]

Hollins University
Grade Change Form

Last Name: [_____]   First: [_____]   MI: [___]

Student ID: [_____]

Please check 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 (please explain)

[_____]

Signature of Faculty Member [_____]

Faculty Member Name (Printed) [_____]