Request for Change of Grade
Office of the Registrar; Viterbo; 900 Viterbo Drive; La Crosse WI 54601
Phone: 608-796-3180; Fax: 608-796-3050

CHANGE OF GRADE POLICY
A student may appeal a final grade to the instructor within the first four weeks of the subsequent semester. If the instructor concurs that an error has been made, the instructor should complete this form immediately. Grade changes should not be made for any other purpose, including late submission of coursework.

CHANGE OF GRADE PROCEDURE
Faculty should complete, in entirety, this form and submit it to the department chair/director and dean for approval. The dean will then forward the form to the Office of the Registrar. Confirmation of the grade change will be sent to the student, by the Office of the Registrar, after all approvals are granted and processing is complete.

PRINT CLEARLY AND COMPLETE ALL INFORMATION

TODAY’S DATE ____________________________

STUDENT NAME ____________________________
LAST  FIRST  MIDDLE

ID NUMBER ___ ___ ___ ___ ___ ___ ___ ___ ___

COURSE FOR WHICH GRADE CHANGE IS REQUESTED

TERM __________________________________________

COURSE SUBJECT AND NUMBER ___________________ SECTION NUMBER _______

TITLE __________________________________________

PREVIOUS GRADE ___________ NEW GRADE ___________

REASON FOR GRADE CHANGE REQUEST __________________________________________

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________________________________________________________

INSTRUCTOR SIGNATURE ____________________________ DATE ____________________________

APPROVED ____________________________ DATE ____________________________
DEPARTMENT CHAIR

______________________________ DATE ____________________________
DEAN

______________________________ DATE ____________________________
REGISTRAR

DATE PROCESSED: ____________________________