



GLENVILLE
STATE COLLEGE

GRADE CHANGE REQUEST
(RO-07/20)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax: 304-462-8619 registrar@glenville.edu

TO BE COMPLETED BY THE INSTRUCTOR

FROM: _____ Semester/Year _____
Instructor's Name

Student's Name: _____ GSC ID# _____

I am requesting a grade change in my _____ course for the _____
CRN-SUBJ-CRS Term/Year
semester for the student listed above. The grade submitted was _____ Requesting to report grade as _____

Justification for grade change request:

☐ Data Entry Error ☐ Computational Error ☐ "Incomplete Grade" Requirements Completed

☐ Other (must be approved) Specify: _____

Instructor's Signature: _____ Date: _____

ACTION BY VICE PRESIDENT FOR ACADEMIC AFFAIRS

☐ Approved ☐ Denied

Reason if denied: _____

VP Academic Affairs Signature: _____ Date: _____

RETURN COMPLETED FORM TO THE REGISTRAR'S OFFICE

Student and instructor will be notified by email when grade change has been processed.