



**GRADE CHANGE REQUEST**  
(RO-03/22)

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

**TO BE COMPLETED BY THE INSTRUCTOR**

**FROM:** \_\_\_\_\_ Date \_\_\_\_\_  
Instructor's Printed Name

Student's Name: \_\_\_\_\_ GSU 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.*