

REQUEST TO CHANGE A GRADE
IVY TECH COMMUNITY COLLEGE OF INDIANA

A Community College of Indiana Program

Last Name	First Name	MI	Social Security Number	
Address	City		State	Zip

Course ID	Course Title	Number of Credits	Sem/Year Taken	Current Grade	New Grade	Instructor

Reason for Change
<input type="checkbox"/> Incomplete Grade <input type="checkbox"/> Correction of Error <input type="checkbox"/> Time for Incomplete Grade Expired
Explanation:

Signature of Instructor Requesting Change

Date

Program/Department Chair Signature

Date

Dean of Academic Affairs or Division Chair Signature
(Regionally Determined)

Date

Input by

Date