



CHANGE OF GRADE FORM

Action Items:

1. Please save the completed form as a PDF using filename:
[Term].[COG].[Course Number].[Your first and last name]. (ex: 2021SP.COG.IDS-1400.Joe Learner)
2. Email the form without signatures to Registrar@sksm.edu and cc: faculty. The Office of the Registrar will obtain the necessary signatures after the completed form is received and make the appropriate changes to the student record.

Student Name: _____

Student Legal Name (if different): _____

Term/Year: _____

Course Title: _____

Course Number: _____ # of Units: _____

New/Revised Grade: _____

Reason for Grade Change:

Faculty Signature: _____

Date: _____

Registrar Signature: _____

Date: _____