

**EASTERN OKLAHOMA STATE COLLEGE
GRADE CHANGE REQUEST**

STUDENT NAME _____

STUDENT ID # _____

COURSE PREFIX AND NUMBER _____ SECTION # _____

SEMESTER _____ YEAR _____

CHANGE GRADE FROM _____ TO _____

EXPLANATION

SIGNATURES:

INSTRUCTOR _____ DATE _____

DIVISION DEAN _____ DATE _____

VPAA _____ DATE _____

FOR REGISTRAR'S OFFICE USE ONLY

Date Recorded On Student Record _____

Registrar or Assistant Registrar Signature _____