



Request For Final Grade Change

79 New Montgomery 3rd Floor* San Francisco, CA 94105 * Records Office (415) 274-8679

Please complete all highlighted areas and return to the Records Office.

Requests must be submitted within one semester of final grade.

Spring() Summer () Fall()

Year 20__

STUDENT SECTION:

Undergraduate _____
Graduate _____

X _____ X _____ X _____
 Last Name First Name ID Number

Class Nbr	Dept	Cat #	Sec	Title	Instructor

X _____ X _____
 Student Signature Date

INSTRUCTOR SECTION:

Change the grade of _____ to _____.

Reason for grade change:

This is not an option. No change of grade will be given without a clear, sound reason.

Academic Director Approval	
X	Signature
X	Date

X _____ X _____ X _____
 Instructor's Signature Date Contact Email or Phone

RECORDS OFFICE USE ONLY: Do not write below this line.

Entered by _____

Date Entered _____