

**AVILA UNIVERSITY
REQUEST FOR CHANGE OF GRADE**
(For grades other than "Incomplete")

Name of Student: _____

Avila ID# or SSN: _____

Dept.	Course Number	Course Title	Credit Hours
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_____	_____	Midterm or Final grade? _____	
Semester	Year		

Former Grade _____ New Grade _____

Reason for request for a change of grade: _____

_____	_____	_____	_____
Instructor's Signature	Date	Signature of Instructor's Dean	Date

FOR OFFICE USE ONLY

_____ Approved

_____ Not Approved

_____	_____
Vice Provost for Academic Affairs Signature	Date

RSRO:			
Grade Sheet:	_____	_____	IC: _____
	Initials	Date	Initials Date