Grade Change

INSTRUCTIONS: THIS FORM IS FOR INSTRUCTOR USE ONLY. Instructor signature is required. This form may be completed online, or printed first. Send completed form to the Registrar’s Office.

Student Name: _____________________________________  ID#: __________________

Last                                     First                                Middle

Term Course was taken:  □ Fall  □ January  □ Spring  □ Summer

Year Course was taken: __________

Course Title: _________________________________

Course Dept, Number, Section: __________________________

Old Grade: _______ New Grade: _______

Reason for Grade Change:
□ Incomplete make-up. Date student completed work: __________

□ Other reason: please provide details: __________________________

______________________________
Instructor Printed Name

X___________________________
Instructor Signature         Date

Registrar Use

Date Rec’d                 Date Completed
□ Student email
□ Transcripts/Grade
□ Graduate? Y N
□ Grade Sheet
□ Sequence/Max Credits?

MACALESTER COLLEGE
OFFICE OF THE REGISTRAR AND STUDENT ACADEMIC RECORDS
1600 Grand Avenue, St. Paul, MN  55105-1899
FAX: 651-696-6600   PH: 651-696-6200 www.macalester.edu/registrar
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