



**FAIRLEIGH DICKINSON UNIVERSITY - VANCOUVER
CHANGE OF GRADE FORM**

Instructor's Name:			
Course #:			
Course Name:			
Credits:			
Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer <input type="checkbox"/> Other
Year:			
Student Name:			
Student #:			
From Grade:		To Grade:	
Reason for Change:	<input type="checkbox"/> Appeal <input type="checkbox"/> Entry Error <input type="checkbox"/> Other (please specify)		
Additional Comments:			
Instructor's Signature:		Date:	
For FDU Office Use			
Approved by:		Date:	
Director of Enrollment:		Date:	
System Updated by:		Date:	