



GRADE CHANGE FORM

To the Instructor: To change a student's final course grade, please complete this form, obtain all required signatures, and submit it to the OSU Office of the Registrar in a signed, sealed university envelope. To enhance security, please sign the back of the envelope. If only the instructor's signature is required, the instructor of record may submit the grade change form by email from his/her OSU email.

Student Name (Last, First, Middle): \_\_\_\_\_ Student ID: \_\_\_\_\_

Semester course was taken: [ ] Fall [ ] Spring [ ] Summer Year: \_\_\_\_\_

Table with 6 columns: Course Prefix, Course Number, CRN, # Credit Hours, Old Grade (Grade changed from), New Grade (Grade changed to)

Date coursework completed: \_\_\_\_\_

When assigning an "F" grade, you are required to report student attendance. Select one of the following: (For Grades of "F" only):

- [ ] never attended - no evidence of attendance
[ ] last attend date \_\_\_\_\_

Reason for Grade Change (Required):

- [ ] Error in original grade (including miscalculation, transcription error, spreadsheet error, re-evaluation of student work, or inadvertent exclusion of student work).
[ ] Coursework has been submitted to remove an incomplete ("I") grade.
[ ] Replace a temporary "R" grade with a final grade. (Effective Fall 2008, this option is not available for thesis and dissertation courses.)
[ ] Instructor did not submit the grade before the semester (or summer term) deadline.
[ ] Other (explain): \_\_\_\_\_

Note: An instructor may not allow students to perform extra work after the end of the course in order to raise their grades, except in the case of an incomplete ("I") grade. (Academic Regulation 6.9)

Required Signatures

Approval of Department Head and Dean/Designee are required for all grade changes with two exceptions: the removal of an "I" grade within one calendar year of the end of the term for which the "I" was awarded; and the replacement of a temporary "R" grade with a final grade. The Dean's level approval is the Graduate College Dean for graduate courses involving an extension of the one-year time limit for incomplete grades per Academic Regulation 6.2.

PLEASE PRINT Instructor Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Campus Mailing Address: \_\_\_\_\_ (Room) \_\_\_\_\_ (Building)

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean or Dean's Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY
Processed (Date): \_\_\_\_\_ By (Recorder): \_\_\_\_\_