

**Instructor's Signature** 

## **Grade Change Request (Instructor Use Only)**

Office of the Registrar 1st Floor Bresee Hall Hartwick College Oneonta, NY 13820

For office use only:		
Approved: YES / NO		
Approved By:		
Date:		

Please complete this form and return it to the Office of the Registrar to be heard at the next Committee on Academic Standards meeting. **Use this form to change a final grade ONLY.** Do not use this form to submit a final grade for an incomplete, unless the incomplete has expired, in which case this form must be used. The form for issuing a grade for an incomplete grade is available on the Registrar's Office website.

Student's Name:		Student ID#:	
Term:	Course (i.e. ACCO-101-A):		
Instructor's Name:			
Old Grade:	New Grade:		
Is this grade change being	g requested because of a clerical error? YES	S NO	
	elow to describe the clerical error that resulted i rical errors on other students' grades? YES	n the grade being misreported. Have you made sure that NO	
If NO: Explain why you needed):	are requesting this grade change and answer all	the questions below (use additional sheet of paper if	
Have all the students bee Did you allow this studen If YES, were all Did you re-grade work fo	of the students given this opportunity?	e?	

**Date**