Change of Grade in Excess of One Year

*** All Fields Required to Process ***

Student Name: ____________________________  Student ID #: __________________

Course Information:

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Subject</th>
<th>Course #</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

Term course taken:  □ Fall  □ Winter  □ Spring  □ Summer  Year: __________________

Reason for the change: _______________________________________________________________

Old grade: _______  New grade: _______

Instructor name (please print): _______________________________________________________

Instructor signature: ___________________________________________  Date: ______________

Department Chair signature: ___________________________________________  Date: __________

For processing please return to: Registrar’s Office 102 Kerr Administration Building
This form will not be accepted from students (including department work-study students).

Form may be submitted, in person, with picture identification, by instructor or designated department staff; delivered in sealed departmental envelope signed on the seal by instructor or designated department staff; faxed with departmental fax sheet signed by instructor or designated department staff (fax# 541-737-8123).

Oct-08