

THE CATHOLIC UNIVERSITY OF AMERICA

OFFICE OF ENROLLMENT SERVICES

GRADE CHANGE/DISPOSITION OF INCOMPLETE REQUEST FORM

SECTION 1			
STUDENT'S ID			
	STUDENT'S LAST NAME	STUDENT'S FIRST NAME	
	STUDENT'S SCHOOL		
Section 2			
TO BE COMPLETED BY INSTRUCTOR			
Course Subject:	Course Number:		
SEMESTER:	YEAR:		
CURRENT GRADE:	REQUESTED GRADE:		
COMMENTS:			
INSTRUCTOR'S NAME (PLEASE PRINT			
Instructor's Signature:		Date:	
TO BE COMPLETED BY STUDENT'S ACADEMIC DEAN GRADE CHANGE REQUEST () APPROVED () NOT APPROVED COMMENTS:			
DEAN'S NAME (PLEASE PRINT):			
Dean's Signature:		Date:	
SECTION 4 TO BE COMPLETED BY DEAN OF GRADUATE/UNDE	ergraduate Studies		
GRADE CHANGE REQUEST () APPROVED () NOT APPROVED			
	• •		
DEAN'S NAME (PLEASE PRINT):			
Dean's Signature:		Date:	
If yes, dean's office should prIf no, dean's off completes se	Grade Change (GC)? ean's office, i.e. class taken one semester back	rvices to process.	

- Section 4:
- Is grade change accessible to dean's office, i.e. class taken one semester back?

If yes, does grade change involve an "F" grade?

• If no, dean's office should process change.

If no, DOG/US completes section 4 and submits to Office of Enrollment Services to process.

If yes, dean's office completes section 3 and submits form to Dean of Graduate/Undergraduate Studies.

If yes, DOG/US completes section 4 and submits back to school to process

Note: The Office of Enrollment Services will not accept incomplete or alternate forms.

