



REGISTRATION & ENROLLMENT SERVICES
 2800 S LONE TREE ROAD
 FLAGSTAFF, AZ 86005
 PHONE: 928-226-4299
 FAX: 928-226-4033
 EMAIL: enrollment.services@coconino.edu

CHANGE OF GRADE FORM

This form is to be completed by the instructor only.

STUDENT NAME: _____

Student @ ID: _____

COURSE: _____

CRN: _____

SEMESTER: FALL SPRING SUMMER

YEAR: _____

REASON FOR GRADE CHANGE:

- Change to correct error
- Change "Not Reported/NR" grade to letter grade
- Other: _____
- Final grade for "Incomplete" or "Grade in Progress"
- Student's name did not appear on grade roster

GRADE TO BE RECORDED: _____

Explanation:

Signature of Instructor: _____

Date: _____

Printed Name of Instructor: _____

OFFICE OF REGISTRATION & ENROLLMENT SERVICES ONLY:

Signature of Registrar: _____ Date: _____

Processed by: _____ Date: _____