



AZM UNIVERSITY

CHANGE OF GRADE

Name ID#
Last First Middle

Faculty Major Semester/Year

Registration Information:

Course #	Course Title	Instructor's Name	Semester/Year

Grade Received: Grade Requested:

State the reason:
.....
.....

Instructor's Signature: Date:

Dean's Signature: Date:

Registrar's Office Use Only:

Date Received Approved
Date Processed Return to Advisor
Processed By Signature