GRADE CHANGE REPORT

Pittsburg State University Pittsburg, KS

TO: Office of the Registrar					
(Student's Full Name)			(ID No.)		, currently has a
orade	of in				
grade	of in(Department	ent) (Course Number)	(Course Nam	ne)	
for	hours of credit lis	ses and Year)	sion.		
	I recommend this grade	e be changed to	_ and offer the follo	wing explana	ntion for the change:
					
Date _		Signed:			
		(Instructor Name	e - PRINTED)	(Instruct	or Signature)
	By signing below, I concur with the grade change recommended by the instructor.				
Date:					
	(Chairperson of Department in which the course was offered			
Date:					
]	Dean of the School in w	hich the course was	offered	
Date:					
		Graduate Dean (for grad	luate level courses)		