



## EVC Change of Records

Date: \_\_\_\_\_

<b>Student's Name: Last</b>		<b>First</b>		<b>Student ID#:</b>	
<b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Spring		<b>Year:</b>		<b>Grade Change FROM:</b>	<b>Grade Change TO:</b>
<b>Department</b>	<b>Course#</b>	<b>Registration ID#</b>	<b>Section #</b>	<b>Course Title</b>	<b># of Units</b>

Are you the original instructor for this course? ☐ Yes ☐ No If not, who was? \_\_\_\_\_

PRINT Instructor's Name \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Dean's Signature \_\_\_\_\_ (Required only for extenuating circumstances)

Reasons for the change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Note: Grade changes to be completed within 10 business days*

For A&R Use Only	
Change Processed by:	Date: