

EVC Change of Records

Date: _____

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

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: