

Faculty to complete and return to:  
Office of the Registrar    Email: [registrar@laboure.edu](mailto:registrar@laboure.edu)

Date		Student ID #
Student Name	Semester	Course Code & Semester
Current Grade	New Grade (letter grade)	Professor Name

Reason for grade change request:

### Grade Change Request

This form is for professor, Program Chair or Dean, or Vice President of Academic Affairs use only. Official grades may be changed for up to six weeks after the final grade submission deadline for that course. Changes may be made at any time to correct an error in grade calculation with authorization from Program Chair or Dean, or Vice President of Academic Affairs. Once the grade change is submitted to the Office of the Registrar, the student's record will be updated with the change. This will be visible on the student transcript within 5-10 minutes of the change.

Professor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Processed by: _____	Date: _____
Program Chair or Dean Authorization (if necessary): _____	Date: _____
Vice President of Academic Affairs Authorization (if necessary): _____	Date: _____