GONZAGA UNIVERSITY
School of Education
Registrar's Office

REQUEST FOR CHANGE OF GRADE

Date: _____

To: Dean of the School of Education

From: _____
Instructor's Name

Subject: _____ _____
Student's Name Social Security #

I am requesting a change of grade for the above named student for the following reason(s):

_____

_____

_____

_____

Course Information:

Dept/Course#	Course Title	Semester-Yr	# Credits	Old Grade	New Grade

Approval Signatures:

Instructor _____ Date _____

Dean of the School of Education _____ Date _____

Graduate School Dean _____ Date _____
(Only if Course # is 500 or above.)