

UCI DIVISION OF CONTINUING EDUCATION (DCE)

The Office of the Registrar and Student Services

Grade Change Request Form

Student Information	1) STUDENT ID NUMBER AND NAME:											
	UCI DCE Student Id Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>										
	Last Name	First Name	Middle Name									
	2) COURSE INFORMATION:											
Course Department	Course Number	Units										
To Be Completed by Instructor	Course Title (as it appeared in the UCIDCE catalog)											
	Quarter the course was taken: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year the course was taken: _____											
	3) GRADE CHANGE INFORMATION											
	Change grade from	<table border="1" style="width: 30px; height: 25px; display: inline-table;"></table> to <table border="1" style="width: 30px; height: 25px; display: inline-table;"></table>										
	Reason for grade change: _____ _____ _____											
Instructor Name (Please Print)												
Instructor's Email Address		Instructor's Phone Number										
Instructor Signature		Date										
To Be Completed by Records Office	Received By _____ Date Received _____ Entered By _____ Date Entered _____											
	Updated Grade Card Mailed	Updated Grade Roster Printed										