



54 COLLEGE DRIVE • MARION, NC 28752 • 828.652.6021 • registrar@go.mcdowelltech.

GRADE CHANGE REQUEST

Instructions: All parts of form must be completed by the instructor or the form cannot be processed.

STUDENT NAME _____
First Middle Last

STUDENT ID _____

REASON FOR GRADE CHANGE REQUEST:

COURSE _____ - _____ COURSE NAME: _____
Prefix Section

COURSE TAKEN _____ / _____
Year (circle one of the above) SPRING SUMMER FALL

OLD/ INCORRECT GRADE: _____ NEW/CORRECT GRADE* _____

*** If the new grade is a "W" then the withdrawal date and the last date of attendance must be provided by filling out a withdrawal form.**

I certify that the above information is accurate and the student affected is aware of the grade change.

Instructor Signature

Date

Processed by

Date