



# REQUEST FOR GRADE CHANGE

**Community College of Aurora**  
Admissions, Records & Registration  
16000 E. CentreTech Parkway  
Aurora, CO 80011-9036  
303 360-4700 303 361-7432 Fax

**This form will not be processed until completed in full.**

## I. To be completed by Instructor

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Prefix & Course Number \_\_\_\_\_ Section Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

Lab Number (if applies) \_\_\_\_\_ Section Number \_\_\_\_\_ Credits/Hours \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_

Grade is changed from \_\_\_\_\_ To \_\_\_\_\_

### Change Reason (please pick one)

\_\_\_\_\_ Incomplete Contract Completed (CC) \_\_\_\_\_ Course Requirement Completed (CR)

\_\_\_\_\_ Data Entry Error (DE) \_\_\_\_\_ Missing Course Work Submitted (DL)

\_\_\_\_\_ Re-Calculated by Instructor (RC) \_\_\_\_\_ Substitute Grade Entered (SG)

Rationale: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

## II. Approval by Division Dean

\_\_\_\_\_  
Division Dean Signature

\_\_\_\_\_  
Date

## III. Recorded by Registrar

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Date

### Form Distribution:

Registrar  
Instructor  
Financial Aid or Veteran Advisor  
Division

Revised 12/06