

Office of the Registrar

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CHANGE OF GRADE

						days of the end of semester for the filing of that grade.
Fall	Spring Summe		er I Summer		11	Year: 20
Student Name: _						
Subject:	Course Number	:	Section:		Title:	
Original grade assigned in error:			Change grade to:			
Faculty Certific	ation By my signature,	I authorize the cha	ange of gra	ade as stated abo	ove.)
Faculty Name	aculty Name Faculty S				Date	
If not resolved	e must be resolved within I, the X becomes a perma , or an F* if no grade is s Spring	nent F* ; the I con	overts to th	_	l by the cour	rse instructor on the Incomplete Year: 20
Student Name: _						
Subject:	Course Number	:	Section:		Title:	
Temporary grade	e assigned by faculty: _			Change grade	to perma	nent:
Faculty Certific	ration By my signature,	I authorize the cha	ange of gra	ade as stated abo	ove.	
Faculty Name	aculty Name		Faculty Signature			Date

FOR OFFICE USE ONLY

Grade Changed By: ______ Date: ____/_____

Grade Verified By: _____ Date: ____/___