

Office of the Registrar
Change of Grade
STUDENT INFORMATION

First name _____ Last name _____

Student ID _____ NU School _____

Major _____ Year of study (1-4) _____

Track (if any) _____ Minor (if any) _____

COURSE INFORMATION
Semester: Fall20__ Spring20__ Summer20__

Course Abbr _____ **Title** _____

Previous Grade	New Grade

Grade change reason: _____

 Instructor _____
full name and signature
date

 Dep. Chair of the course/Vice Dean for Academic Affairs

full name and signature
date

 Registrar _____
full name and signature
date

*Please make sure not to leave blank fields. It will prevent from proceeding your form.

*All forms should be submitted to the School Office of the course.

Office of the Registrar use only

Processed by: _____ Date: _____