

Southampton College of Long Island University

GRADE CHANGE FORM

DATE: _____

NAME: _____ SS#: _____

INSTRUCTOR: _____

DEPARTMENT: _____ COURSE #: _____ SECTION: _____

COURSE TITLE: _____ CREDITS: _____

SEMESTER TAKEN: _____

CHANGE OF GRADE FROM: _____ TO: _____

REASON FOR CHANGE:

REQUIRED SIGNATURES:

INSTRUCTOR: _____ DIRECTOR: _____