



**VITERBO**  
UNIVERSITY

### Request for Change of Grade

Office of the Registrar; Viterbo; 900 Viterbo Drive; La Crosse WI 54601  
Phone: 608-796-3180; [www.viterbo.edu](http://www.viterbo.edu) registrar@viterbo.edu

**CHANGE OF GRADE POLICY**

A student may appeal a final grade to the instructor within the first four weeks of the subsequent semester. If the instructor concurs that an error has been made, the instructor should complete this form immediately. Grade changes should not be made for any other purpose, including late submission of coursework.

**CHANGE OF GRADE PROCEDURE**

Faculty should complete, in entirety, this form and submit it to the department chair/director and dean for approval. The dean will then forward the form to the Office of the Registrar. Confirmation of the grade change will be sent to the student, by the Office of the Registrar, after all approvals are granted and processing is complete.

PRINT CLEARLY AND COMPLETE **ALL** INFORMATION

TODAY'S DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
*LAST FIRST MIDDLE*

ID NUMBER \_\_\_\_\_

COURSE FOR WHICH GRADE CHANGE IS REQUESTED

TERM \_\_\_\_\_ COURSE & SECTION NUMBER \_\_\_\_\_

TITLE \_\_\_\_\_

PREVIOUS GRADE \_\_\_\_\_ NEW GRADE \_\_\_\_\_

REASON FOR GRADE CHANGE REQUEST \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED DEPARTMENT CHAIR \_\_\_\_\_ DATE \_\_\_\_\_

DEAN \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRAR \_\_\_\_\_ DATE \_\_\_\_\_

BELOW – OFFICE OF REGISTRAR USE

DATE PROCESSED: \_\_\_\_\_