



**GRAND VALLEY  
STATE UNIVERSITY  
REGISTRAR'S OFFICE**

GRAND VALLEY STATE UNIVERSITY  
AUTHORIZATION OF GRADE CHANGE

Name: \_\_\_\_\_  
Last Name First Name Middle Name G Number

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Discipline and Number  Title

Semester and Year  Credit Hours

Change Grade From  To

Reason for Change:

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Printed Name \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Printed Name \_\_\_\_\_

Change Posted on Permanent Record \_\_\_\_\_ Date \_\_\_\_\_

**OBTAIN ALL SIGNATURES PRIOR TO SUBMISSION TO THE OFFICE OF THE REGISTRAR.**