

Academic Appeals Form COURSE GRADE CHANGE

Registrar Staff sign and date this form: _____

Signature

Date

Fill-In Information Below:

Student Name _____ CWID: _____

Home Address _____
Street City State Zip

OFFICE OF
THE REGISTRAR

Phone: 5025976340 Home Phone(____) _____ Advisor: _____

Fax: 5025976239

The Academic Appeals Committee can best contact me at the following address:

Local Address _____
Street

_____ be
completed and delivered to the course instructor (AND a copy delivered to the student's advisor) by n
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