NOTICE OF GRADE CHANGE

Instructors and Department Chairs can submit change of I and I* grades electronically before the last day of exams. Incomplete grade changes only require instructor signature. Standard letter grade changes require signatures from the Instructor, Department Chair, and College Dean.

UWF I.D. NUMBER: ____________________________ DATE: ________________

STUDENT NAME: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>CRN #</th>
<th>COURSE PREFIX/COURSE #</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>COURSE TITLE</th>
<th>CREDIT HOURS</th>
</tr>
</thead>
</table>

CHANGE OF GRADE FROM (CIRCLE ONE)

<table>
<thead>
<tr>
<th>A</th>
<th>A-</th>
<th>B+</th>
<th>B-</th>
<th>C+</th>
<th>C-</th>
<th>D+</th>
<th>D</th>
<th>F</th>
<th>NF</th>
<th>I</th>
<th>I*</th>
<th>G</th>
<th>P</th>
<th>S</th>
<th>U</th>
</tr>
</thead>
</table>

CHANGE OF GRADE TO (CIRCLE ONE)

<table>
<thead>
<tr>
<th>A</th>
<th>A-</th>
<th>B+</th>
<th>B-</th>
<th>C+</th>
<th>C-</th>
<th>D+</th>
<th>D</th>
<th>F</th>
<th>NF</th>
<th>I</th>
<th>I*</th>
<th>G</th>
<th>P</th>
<th>S</th>
<th>U</th>
</tr>
</thead>
</table>

DIRECTED STUDY TITLE (NOT TO EXCEED 18 SPACES):

____________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

_________________________ __________________________________________
Instructor's Printed Name Department Chair's Signature

_________________________ __________________________________________
Instructor's Signature College Dean's Signature

*If someone other than the instructor of the course has signed OR the instructor of the course has been listed incorrectly, please complete this statement of explanation. The Department Chair's signature and/or College Dean's signature will be accepted as approval of the statement and signature provided.

________________________________________________________________

________________________________________________________________

________________________________________________________________

OFFICE OF THE REGISTRAR

Processed by __________ Date __________

Rev. 04/2015