Western Illinois University School of Graduate Studies

Request to Change Grading

Approvals:

School Curriculum Committee (if appropriate)	_____	Date: _____
School Director	_____	Date: _____
College Curriculum Committee (if appropriate)	_____	Date: _____
UCEP (if Teacher Ed)	_____	Date: _____
College Dean	_____	Date: _____
Graduate Council	_____	Date: _____
Academic Vice President	_____	Date: _____

School:

Course title:

Course number:

Current grading:

Proposed grading:

Rationale for change:

Effective date:

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