

NEW YORK FILM ACADEMY

GRADE CHANGE FORM

Please fill out completely and print clearly.

Student Name: _____ Student ID#: _____

Program: _____ Semester: _____

Course Title: _____

Letter Grade to be Assigned: _____
From *To*

Justification for grade change request:

- Data Entry Error
- Computational Error
- "Incomplete Grade" Requirements Completed
- Other (please specify): _____

Instructor's Name: _____ Date of Submission: _____

Instructor's Email Address: _____

Office Use Only

Registrar's Approval Signature: _____

Completion Date: _____