

Chaminade University Of Honolulu

Change Of Grade Form

(Section B) Removal Of Incomplete

(Section C) Change Of Grade

SECTION A – STUDENT, COURSE AND INSTRUCTOR IDENTIFICATION:

Student Name: _____ Social Security # _____ / ____ / ____
 (Print) Last First MI

Course No: _____ Course Title: _____ Course Credit: _____

Check Session Course Offered: () Day () Evening () Interim () Summer I () Summer II

Complete Term with Year: Fall _____ Winter _____ Spring _____ Summer _____

I hereby certify that the above named student has fulfilled all necessary requirements for removal of "I" grade or for the change of grade as indicated below.

 Instructor's Name (please print)

 Date

 Instructor's Signature

Work: _____ Home: _____
 Instructor's Phone Numbers

SECTION B – REMOVAL OF INCOMPLETE:

If grade is submitted ninety (90) days or less following the end of the semester, only the Instructor's signature is required; no reasons need be given. If additional time is requested prior approval must be obtained from the Associate Provost for Undergraduate Day Program and from the appropriate Graduate Program Director for graduate students. EXTENSIONS BEYOND THE NINETY DAYS LIMIT ARE RARELY APPROVED.

GRADE CHANGE FROM INCOMPLETE ("I") TO: _____

Note to Instructor and Student – Please complete all applicable blanks. Changes of Incomplete grades within the ninety-day limit may be submitted directly to the records office.

SECTION C – CHANGE OF GRADE:

Request is hereby made for a grade change for the above named student. PLEASE STATE REASON FOR GRADE CHANGE ON BACK OF THIS FORM.

GRADE CHANGE FROM _____ TO _____

Approval / Disapproval	
UNDERGRADUATE	GRADUATE
APPROVED YES () NO ()	APPROVED YES () NO ()
Division Chair (signature)	Graduate Program Director (signature)
APPROVED YES () NO ()	APPROVED YES () NO ()
Associate Provost (signature)	Division Chair (signature)
	Executive Vice President and Provost (signature)

Return completed form to the Office of the Registrar