



1701 North State Street, Campus Box 150436
 Jackson, MS 39210-0001
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 Office: Academic Complex, Room 142
 Phone: 601-974-1120
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CHANGE OF GRADE

This form must be turned in to the Office of Records by the faculty via in person, or scanned and emailed to the Office of Records via the faculty member's Millsaps email address.

Name of Student: _____ ID #: _____

A change of grade from _____ to _____ in _____
 (Department Course and Section #)
 incurred in _____.
 (Term and Year)

Reason for change:

Signature of Instructor: _____ Printed Name: _____

Date work completed by Student: _____ Date new grade was reported to Records Office: _____

Approved by Associate Dean of Academic Affairs: _____

(The Associate Dean's signature is not required for changes of grades from an incomplete to a letter grade.)

FOR OFFICE OF RECORDS USE ONLY:

(RO: STAT, SACS, FGID, STAT, SACS)

Before grade change	After grade change
Term GPA:	Term GPA:
Cumulative GPA:	Cumulative GPA:
Academic Standing:	Academic Standing:

Change made in Office of Records (initial and date): _____

If MS resident, change recorded to IHL (check one, initial, and date): YES / NOT NEEDED _____