

**IDAHO STATE UNIVERSITY
CHANGE OF GRADE**

To the Registrar: _____

ISU ID: _____

Student's Name: _____

The grade of the above student was recorded as _____ in _____ Semester 20 _____

For:

_____	_____	_____	_____	_____
CRN	Subject	Course #	Section #	Title

This grade should be changed to: _____

Justification: _____

Approved by:

Instructor: _____

Dept. Chairperson/Asst. Dean _____

Dean: _____

Graduate _____

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