



**Weimar
University**

Change of Grade Form

Course Information:

Student Name: _____ Date: _____

Course Title: _____ Credit Hours: _____

Original Grade: _____ New Grade: _____

Reason for Request *(Provide detailed basis for this change. Attach additional pages, as necessary.)*

Signature of Instructor: _____ Date: _____

VPAA Approval: ☐ Approved ☐ Denied for the following reasons: _____

Signature of VPAA: _____ Date: _____

Signature of Registrar: _____ Date: _____