



NOTRE DAME
OF MARYLAND
UNIVERSITY

GRADE CHANGE

Student ID # _____ Name _____
Last First MI

Division: CAUS WOM GRAD Semester: FA WN SP SU Year _____
(Circle one) (Circle one)

Reason for change _____

Instructor's signature _____ Date _____

Dean's approval _____ Date _____

Processed by _____ Date _____

Please note that a Dean's signature is not required for "I" grade changes

Course ID

Course title

Previous grade

New grade