



# Change of Grade Form

Office Of The Registrar  
683 Hoes Lane West, P.O. Box 9, Room 335, 3rd Floor, Piscataway, NJ 08854  
Phone: (732) 235-9724 • Fax: (732) 235-9599

Student Name \_\_\_\_\_ Student SSN/ID# \_\_\_\_\_

Course #: _____	Course Title: _____
Year: _____	Term: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Location of Course: <input type="checkbox"/> Newark <input type="checkbox"/> Piscataway <input type="checkbox"/> Stratford	
Change of Grade: from _____ to _____	
Reason: _____ _____ _____ _____ _____ _____ _____	

\_\_\_\_\_  
**Instructors approval**

\_\_\_\_\_  
**Date**

**Return to: Registrar's Office**  
683 Hoes Lane  
P.O. Box 9  
Room 335, 3rd Floor  
Piscataway, NJ 08854  
Phone: (732) 235-9724 Fax: (732) 235-9599

**Copies to:**  
**Registrar's Office - White copy**  
**Campus of Origin - Pink copy**  
**Student - Yellow copy**