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Change of Grade

This form should be used to officially change a grade.

Student Name			Student ID#		Date
Course Number:					
Course Title:					
Semester:	☐ Fall	Spring	Summer	Year	
Location Course (Offered:	■ New Brunswick	Newark		
Change of Grade:	From	То			
Reason for Chang	e:				
			URN TO THE REGISTRAF	₹	
					Copies to: Office of the Registral Academic Advisor Course Instructor
Course Instruct	or's Signa	ture		Date	Course instructor

Student