

# Grade Modification Honors College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Dept/School/Program

I request permission for a grade modification for the following student

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's College/Major

Term: Fall of \_\_\_\_\_ Spring of \_\_\_\_\_ Summer of \_\_\_\_\_

\_\_\_\_\_  
Subject

\_\_\_\_\_  
Catalog #

\_\_\_\_\_  
Section #

\_\_\_\_\_  
Class #

(EX: JOUR 1000 1001 77717)

**Grade Modification Type** (Please check the following):

- Grade Change**  
From \_\_\_\_\_ To \_\_\_\_\_

Grades turned in to the Office of Registration & Records are not changed unless mechanical error has occurred (Academic Charter, B-II.G.8) Please provide a brief rationale for the grade change.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Extension of Incomplete** Date to be completed by \_\_\_\_\_  
(EX: 12/10/10)
- Removal of Incomplete From INC/I To** \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor of Record Date

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College Approval

- Approved
- Denied

\_\_\_\_\_  
Dean or Designee, Honors College

\_\_\_\_\_  
Date

Founder 024, Bowling Green, Ohio 43403-0133; phone 419-372-8504; fax 419-372-0393