# Change of Grade Authorization

**UNIVERSITY OF NEVADA, LAS VEGAS**  
**OFFICE OF THE REGISTRAR**  
**CHANGE OF GRADE AUTHORIZATION**  
*(one form per course)*

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Student ID</th>
</tr>
</thead>
</table>

**INSTRUCTOR:**  
Complete the certification below and return directly to the Office of the Registrar Mailstop 1029. Please do not give signed certifications to the student.

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## Removal of an Incomplete (‘I’) or ‘X’ Grade (final grade must be on the same grading scale as the original course):

<table>
<thead>
<tr>
<th>Course Prefix and No.:</th>
<th>Section No.:</th>
<th>Credits:</th>
</tr>
</thead>
</table>

‘I’ or ‘X’ Grade incurred on:

Term ___________  
Year ___________

Student completed the work on:

Month ___________  
Day ___________  
Year ___________  
Final Grade ___________

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## Change of Grade (must be submitted within 6 months of the last day of the semester/term in which the course was taken):

Change grade for _______  
for _______ given in

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course No.</th>
<th>Sec. No.</th>
<th>Credits</th>
</tr>
</thead>
</table>

from _______ to _______

Term and Year ___________  
Old Grade _______  
New Grade _______

Justification for change:

____________________________________________________________________________________
____________________________________________________________________________________

Instructor Signature: _______________________________  
Date ___________/

Required Signature:  
Approved _______  
Disapproved _______

Dept. Chair/Director/Dean _______________________________  
Date ___________/

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Registrar:  
☐ Change of grade accepted  
☐ Not accepted

____________________________________________________________________________________

Date: ___________  
Initial _______