

UNLV OFFICE OF THE REGISTRAR CHANGE OF GRADE AUTHORIZATION (one form per course)

Student's Last Name First Name MI Student ID

INSTRUCTOR: Check the appropriate box: A) change of grade or B) removal of an incomplete grade. Complete the certification, including all signatures. Scan the completed form to a PDF and send it via email from your UNLV employee email address to registrar@unlv.edu with the subject line "Grade Change Request".

Forms submitted from non-UNLV employee email addresses will be rejected.

Accepted grade changes will be updated in MyUNLV. You will receive an email notification when this form has been processed. Rejected/incomplete grade changes will be returned to the instructor via email along with the reason(s) for rejection, as noted by Registrar staff on form and in MYUNLV.

A) Change of Grade

Change of Grade (must be submitted within 6 months of the last day of the semester/term in which the course was taken. UGRD grade changes after this period must be submitted to Faculty Senate. GRAD changes after this period must be emailed to GradRebel@unlv.edu):

Change grade for _____ for _____ given in

Course Prefix Course Number. Section Number. Credits

_____ from _____ to _____

Term and Year Old Grade New Grade

Justification for change (required; grade change will not be accepted without justification)

- Faculty entered incorrect grade in MyUNLV.
- Faculty accepted late work from student after roster grade posted, causing grade change.
- Other (specify details) _____

OR

B) Removal of an Incomplete (I) or X Grade

Removal of an Incomplete ('I') or 'X' Grade (final grade must be on the same grading scale as the original course. UGRD: must be submitted prior to end of the regular term following the term in which the I or X was earned. Grade changes past this deadline must be submitted to Faculty Senate. GRAD: must be submitted within one calendar year of earning the I or X. Grade changes past this deadline must be emailed to GradRebel@unlv.edu.)

Course Prefix and Number.: _____ Section Number: _____ Credits: _____

'I' or 'X' Grade incurred on: _____

Term Year

Student completed the work on: _____

Month Day Year Final Grade

Instructor name: _____ Extension: _____ Mail Stop: _____

Instructor signature: _____ Date: ____/____/____

To be completed by department Chair, Director, or Dean:

Dept. Chair/Director/Dean name: _____ Approved Rejected (please circle one)

Dept. Chair/Director/Dean signature: _____ Date ____/____/____

Note: Grade changes rejected by Chair/Director or Dean should be retained within the Department and communicated to Instructor so that student can be informed that the grade change has not been processed. Rejected forms should not be forwarded to the Office of the Registrar for processing.