University of Hawai'i-West O'ahu
CHANGE OF GRADE FORM

96-129 Ala 'Ike
Pearl City, HI 96782
Phone: (808) 454-4700 or toll-free (866) 299-8656
Fax: (808) 453-6075
info@uhwo.hawaii.edu
www.uhwo.hawaii.edu

Please submit the completed form to the Student Services Office, A-108. Incomplete forms will not be processed.

Student's Name: _____ **UH ID**: ___ ___ ___ ___ - ___ ___ ___ ___
Last **First** **M.I.**

CRN	COURSE ALPHA / NUMBER	COURSE TITLE	# OF CREDITS

Grade Change from _____ **to** _____ **Term:** Fall: 20____Spring 20____ Summer 20____

Please explain the reason for the grade change: _____

_____
Instructor's Name (*Print*)

CLEAR ALL

_____ _____
Instructor's Signature **Date**

OFFICE USE ONLY

Date Form Received by Student Services Office: ____ / ____ / ____

Approved by: _____ _____
Vice Chancellor for Student Affairs Signature Date

ATTEMPTED	PASS	EARNED	GPA HOURS	QUALITY POINTS	GPA

_____ _____
Registrar's Signature Date

ORIGINAL – STUDENT'S FOLDER **COPY – FACULTY** **STAR ADVISING NOTES – STUDENT**

Rev. 11/2008