



GRADE UPDATE FORM

Instructors may use this form to authorize the Registrar's Office to record a grade change, such as in instances of clerical error or recalculation that merited a change in the student's final grade. This form should also be used to notify the Registrar's Office of a final grade for a student who has submitted coursework to satisfy an Incomplete grade. Please print and complete the form in blue or black ink, or scan and email it as an attachment. The interactive version of this form may be filled out inline using Adobe Acrobat Reader and will be honored if submitted from the instructor's Washington College email address.

A. Student Information

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| |
| Student Name |

| |
|-----------------------------------|
| |
| Washington College ID# (if known) |

B. Course Information

| | | |
|-------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer |
| Term | | |

| |
|---------------|
| |
| Academic Year |

| | | |
|---------|----------------|----------------|
| | | |
| Subject | Catalog Number | Section Number |

| |
|--------------|
| |
| Course Title |

C. Grade Information

Submitting a Grade Change:

By signing below, I authorize the Registrar's Office to change the above student's grade in the listed course section

from

| |
|----------------|
| |
| Previous Grade |

 to

| |
|---------------|
| |
| Updated Grade |

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Submitting an Incomplete Grade:

By signing below, I authorize the Registrar's Office to update the above student's final grade in the listed course section

from

| |
|----------------|
| I |
| Previous Grade |

 to

| |
|---------------|
| |
| Updated Grade |

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D. Faculty Authorization

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|----------------------|--------------------------------|------|
| | | |
| Instructor Signature | Instructor Name (please print) | Date |

FOR OFFICE USE ONLY

Date received: _____ Processed on: _____