Please consult the current catalog and/or Instructor Link Web site (www.unex.berkeley.edu/instructorlink) for policies and guidelines regarding grade changes. If any further information is necessary to complete your request, the instructor or department will be contacted using the information provided on this form. Please address any questions to records@unex.berkeley.edu or call (510) 642-4172 Mon.-Fri., 8 am-4 pm.

*A pass/not pass grade cannot be changed to a letter grade once it had been recorded.

**This form should not be used as part of the grade grievance procedure.**

(please print)

Course Title and Number: ____________________________________________________________________________

Course EDP: __________________ Date or Year/term of Course: __________ Course Location: _________________

Instructor Name: ____________________________________________________________________________________

Phone: ___________________________ E-mail: _______________________________________________________________

Student Name: _____________________________________________________________________________________

Previous Grade: _____________________________

New Grade: ________________________________

Reason for Grade Change: ____________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Instructor Signature: ____________________________________________________________ Date: ______________

Please mail or fax this form to your Extension contact. Grade change requests may not be submitted by e-mail or phone.

Programmer signature: ____________________________________________________________ Date: _____________

If the grade change is for a course that concluded 12 or more months ago, the signatures listed below are also required.

Enrollment Services Director signature: ________________________________________________ Date: ____________

Department Chair signature: _________________________________________________________ Date: ____________

Record change made by: __________________________________________ Date: ______________