



ARGOSY UNIVERSITY®

CEC Change of Grade Form

Office Use Only	
Entered By _____	Date _____

Instructions: Please type or print all information. Incomplete information will delay processing.

Date: _____

A. Student Name _____

B. Student ID:/Student Social Security # _____

C. Semester _____ **Year** _____

D. Course Name _____

E. Course Code _____

F. Instructor Name _____

G. Original Grade _____ **Final Grade** _____

H. Reason for Change

Instructor's Signature _____ **Date** _____

- Student File
- Student Copy
- Class File
- Advisor