

Grade Change Form

SCHOOL OF MUSIC
UNIVERSITY OF MINNESOTA



Student's Information	
Name	ID Number

Grade Change Information		
College	Semester Registered (include term and year)	
Course (check one) <input type="checkbox"/> Mus <input type="checkbox"/> MusA <input type="checkbox"/> MuEd	Course Number	Section
Credits	Previous Grade	New Grade
Comments		

Instructor Signature

Today's Date

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS BOX.	
Date Received	Date Change Submitted to Registrar
Submitted By	