



The Arkansas School for Mathematics, Sciences and the Arts
A campus of the University of Arkansas System

ADMINISTRATIVE Grade Change FORM

Date: _____

Grading Period: QTR 1 SEM 1 QTR 3 SEM 2

Student: _____

Instructor: _____

Course: _____

Period: _____

Current Grade: _____ Revised Grade: _____

Explanation for Grade Change:

Instructor Signature

Date

Department Chair Signature

Date

For Office Use Only

Date of
Grade Change: _____

By: _____