Instructions: Completed midterm grade change forms must be submitted to the Registrar’s Office ([registrar@canton.edu](mailto:registrar@canton.edu) or fax: 315.379.3819) **no later than one week before the end of the current semester.**

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| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Last Name** | | |  | | | | | | | **First Name** | | |  | | | | **MI** |  |
| **Student ID#** | | | | | -  - | | | | | **Curriculum #** | | | |  | | | | |
| **COURSE & GRADE INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Term** | Spring 20    Summer 20    Fall 20    Winterterm 20 | | | | | | | | | | | | | | | | | |
| **Course#** | |  | | | | | **Section#** | |  | | **Course Title** | | | |  | | | |
| **Original Grade** | | | | | |  | | | | | | **NEW Grade** | | |  | | | |
| **Reason For Change** | | | |  | | | | | | | | | | | | | | |
| **APPROVAL** | | | | | | | | | | | | | | | | | | |
| **Instructor Signature** | | | | | | | |  | | | | | | | | **Date** |  | |
| **Department Chair Signature** | | | | | | | |  | | | | | | | | **Date** |  | |
| **School Dean Signature** | | | | | | | |  | | | | | | | | **Date** |  | |