

**School of Music  
Indiana University**

**GRADE CHANGE REQUEST FORM  
Graduate/Undergraduate Student  
(please circle one)**

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Course:      MUS \_\_\_\_\_  
                    Course No.                      Section                      Hours                      Department

Semester: \_\_\_\_\_ Present Grade: \_\_\_\_\_ Revised Grade: \_\_\_\_\_

Check By Recorder: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Reason for Grade Change</b> (please be as specific as possible and provide adequate documentation to justify change of grade)	
_____	
_____	
_____	
_____	
_____	(_____)
Faculty Name (please print)	Faculty Signature/ (Date)

APPROVED: _____	Reason for denial, if not approved:
DENIED: _____	_____
	_____
_____	_____
Director of Undergraduate Studies/ Director of Graduate Studies	Date

APPROVED: _____	Reason for denial, if not approved:
DENIED: _____	_____
	_____
_____	_____
Associate Dean for Instruction	Date

**“Change of Grade:** No grade may be changed after six calendar months from the date of the last day of final examination.” (See Academic Regulation Section of Undergraduate and Graduate portions of the School of Music *Bulletin*.)