



Northern Illinois University

CHANGE OF GRADE For Undergraduate AND GRADUATE Students

TO BE USED ONLY IF MYNIU INDICATES YOU MUST SUBMIT THIS REQUEST MANUALLY

Student's Name (please print) _____

Student's NIU ID # _____

Student's Major _____

Course Taken Fall 20____ Spring 20____ Summer 20____ Other _____

Dept. Prefix _____ Course Number _____ Section _____ Credit Hours _____

Original Grade

Corrected Grade

Instructor's Explanation for Change of Grade, Including Reason for Delay in Request:

Instructor's Signature _____ Date _____

INSTRUCTORS: Return form to your Department/School office for Chair/Director's approval

Department Signature _____ Date _____

CHAIRS/DIRECTORS: Make a copy of your signed form for the student's file. Send original to the College Advising office for approval.

College Signature _____ Date _____