



**AVERETT**  
UNIVERSITY  
SINCE 1859

420 West Main Street  
Danville, VA 24541

Phone: (434)791-5600 Fax: (434)791-7181

**Official Notification of Grade Change**

Student Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_ Date: \_\_\_\_\_  
 Course: \_\_\_\_\_ Credits: \_\_\_\_\_  
 New Grade: \_\_\_\_\_ Cluster: \_\_\_\_\_  
 Semester: \_\_\_\_\_ Year: \_\_\_\_\_

- This is to request a grade of Incomplete. Explanation required:
- Medical
  - Deployment
  - Other Extenuating circumstances:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Signature from Instructor required: \_\_\_\_\_  
 \*\*\*Signature from Registrar required: \_\_\_\_\_

- This is to extend an Incomplete. Explanation Required.  
 Final date of extension: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Signature from Instructor required: \_\_\_\_\_  
 \*\*\*Signature from Registrar required: \_\_\_\_\_

- This is to change a grade that is already recorded. Explanation Required.
- Student completed work in a timely manner
  - Other: Explain thoroughly:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Signature from Instructor required: \_\_\_\_\_

\*\*\*Signature from Dean or Director Required: \_\_\_\_\_

\*\*\*Signature from Registrar required: \_\_\_\_\_