



# Grade or Course Change Form for Past Terms

UNIVERSITY OF MISSOURI-KANSAS CITY OFFICE OF REGISTRATION & RECORDS

**NOTE: This form is invalid if handled by a student. This form replaces the green "Grade Change Card". Please allow three weeks for completion of the requested action.**

Student ID number \_\_\_\_\_ Student name \_\_\_\_\_  
Last, First Middle

Term  Fall \_\_\_\_\_ Year \_\_\_\_\_  
 Spring  
 Summer

Petition approval is required for withdrawing past the deadline (i.e. changing a grade to "W") or for adding a course after the close of the term. Attach approved petitions and submit to the Office of the Registrar.

### PURPOSE OF REQUEST

Check all that apply. To completely drop one course and replace it with another, please indicate "swap courses" in the next section.

- ADD COURSE**
- DROP COURSE**
- CHANGE GRADE**
- CHANGE CREDITS**

**Use this section for changes related to one course.**

Academic Unit \_\_\_\_\_ Department \_\_\_\_\_ Subject \_\_\_\_\_  
 Catalog number \_\_\_\_\_ Section \_\_\_\_\_ Pathway class number (5-digit) \_\_\_\_\_  
 Course title \_\_\_\_\_  
 Old credits \_\_\_\_\_ New credits \_\_\_\_\_ Old grade \_\_\_\_\_ New grade \_\_\_\_\_

- SWAP COURSES**

**Use this section for changes related to swapping two courses.**

#### DELETE COURSE

Academic Unit \_\_\_\_\_ Department \_\_\_\_\_ Subject \_\_\_\_\_  
 Catalog number \_\_\_\_\_ Section \_\_\_\_\_ Pathway class number (5-digit) \_\_\_\_\_  
 Course title \_\_\_\_\_  
 Old credits \_\_\_\_\_ Old grade \_\_\_\_\_

#### ADD COURSE

Academic Unit \_\_\_\_\_ Department \_\_\_\_\_ Subject \_\_\_\_\_  
 Catalog number \_\_\_\_\_ Section \_\_\_\_\_ Pathway class number (5-digit) \_\_\_\_\_  
 Course title \_\_\_\_\_  
 New credits \_\_\_\_\_ New grade \_\_\_\_\_

### COMMENTS / REASON FOR CHANGE

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

### APPROVAL

Instructor name and optional signature \_\_\_\_\_ Date \_\_\_\_\_

Department chair signature (required by A&S) \_\_\_\_\_ Date \_\_\_\_\_

Dean's representative signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Return signed copies to the Office of Registration & Records, AC 115.**

Office use only:  
 Entered by \_\_\_\_\_ Date \_\_\_\_\_