

**ECUMENICAL THEOLOGICAL SEMINARY**  
**2930 Woodward Avenue, Detroit, Michigan 48201**  
**Phone: (313) 831-5200 Fax: (313) 831-1353**

**~ CHANGE OF GRADE FORM ~**

STUDENT'S NAME \_\_\_\_\_

TERM & ACADEMIC YEAR for which grade is being given \_\_\_\_\_

COURSE PREFIX, NUMBER & TITLE \_\_\_\_\_

REASON FOR CHANGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHANGE GRADE FROM \_\_\_\_\_ TO \_\_\_\_\_

PROFESSOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The professor submits one copy to the Registrar's Office. The Registrar will submit a copy to the Finance Office.**