

CENTENARY COLLEGE OF LOUISIANA  
Established 1825

Registrar

AUTHORIZATION FOR CHANGE OF GRADE



To the Provost:

Student Name: \_\_\_\_\_

Subject: \_\_\_\_\_ NO: \_\_\_\_\_ Title: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

.....

Change from: \_\_\_\_\_ Change to: \_\_\_\_\_  
☐ Incomplete \_\_\_\_\_ Grade \_\_\_\_\_

☐ \_\_\_\_\_ which represents an error in calculation or judgment. (Explain below)  
(Current Grade)

\_\_\_\_\_  
(Signature of Professor) (Date)

\_\_\_\_\_  
(Please Print Name of Professor)

.....  
Explanation of error:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

The above change is authorized.

\_\_\_\_\_  
(Signature of Provost) (Date)

.....

Change Posted \_\_\_\_\_