

GRADE FORM
College of Graduate & Continuing Education

Submit or Change Grade

Date: _____

Student Name: _____
Please Print

Student ID Number: _____

Course Title & Number: _____

Semester Offered: _____

Submit Grade: ___ OR Change Grade From: ___ To: ___

Instructor Name: _____
Please Print

Instructor Signature: _____

Comments: _____

Please return this form to: Jennifer Noess
c/o College of Graduate & Continuing Education
Westfield State College
333 Western Avenue
Westfield, MA 01086-1630

OR

You may email the grade change information to: jnoess@westfield.ma.edu

Thank You