

## University of North Florida Grade Change Reporting Form

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Upon completion, please forward this form to the Executive Assistant to the Provost in Academic Affairs. The faculty member and the appropriate department chair should always sign the form. The appropriate College Dean will also sign the form if the recommendation is for the temporary or permanent loss of a University facility or for suspension. The Academic Vice President will also sign the form if the recommendation is for expulsion from UNF.

**This form should NOT be used to report behaviors or allegations of academic misconduct. Please report Academic Misconduct via the [OSAR Academic Misconduct reporting form \(tinyurl.com/OSARreportingAM\)](https://tinyurl.com/OSARreportingAM).** Questions regarding the Academic Misconduct process? Visit [unf.edu/conduct](https://unf.edu/conduct) for more information.

Student's Name \_\_\_\_\_ N Number \_\_\_\_\_

Term/Year \_\_\_\_\_ Course Number/Section \_\_\_\_\_

Faculty Name \_\_\_\_\_ Date of Incident \_\_\_\_\_

**Briefly describe the Nature of Incident (a more comprehensive description and supporting documents should be submitted via the Academic Misconduct reporting form):**

### **Revised/Recommended Grade Assignment (check all that apply)**

- Assignment of a grade reduction on an academic exercise.  
Original Grade \_\_\_\_\_ New Grade \_\_\_\_\_
- Assignment of a final letter grade reduction for the course.  
Original Grade \_\_\_\_\_ New Grade \_\_\_\_\_
- Assignment of an unforgivable 'F' for the course (will permanently remain in the academic record).
- Loss of a University facility
  - For a time period of \_\_\_\_\_ or permanently (Requires approval of Chair and Dean)
- Recommendation for suspension from College/Department/Program (circle)
  - For time period of \_\_\_\_\_ or permanently (Requires approval of Chair and Dean)
- Recommendation for expulsion from UNF (Requires approval of Chair, Dean, and Academic Vice President)

**Any grade revision due to suspected misconduct should also be referred to Student Accountability & Resolution to document and address the violation. This form does not serve as an official academic misconduct referral.**

**I affirm by my signature that I understand the rights and options as described in the Academic Misconduct Policies.**

Faculty Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dean (if required) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Academic Vice President (if required) \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only: Processed by \_\_\_\_\_ Date \_\_\_\_\_