



FOX INSTITUTE
for Creation Spirituality

PETITION FOR GRADE CHANGE
To Be Completed by Student

Student Name: _____ Phone #: (_____) _____ - _____

Email: _____

Course Title: _____ Check One: Pre-Paper Post Paper

Intensive Date: ____/____/____ Instructor: _____

CHANGE OF GRADE
To Be Completed by Instructor

Grade for paper: _____ Change incomplete course grade to: _____

Date: ____/____/____

Instructor's Signature

Academic Office

OFFICE USE ONLY

Grade change received by: _____ Date: ____/____/____