



Art Academy of Cincinnati

Grade Change Form

(Please Print)

Student Name _____

Instructor Name _____

Course Number & Title _____

Semester/Year _____

Previous Grade: _____ change to: _____

Comments: _____

Instructor Signature: _____

Date: _____

Return completed form to:
The Office of the Registrar
Art Academy of Cincinnati
1212 Jackson St.
Cincinnati OH 45202
(513) 562-8749

Office use only

	Carried	Passed	Q Pts	GPA
Prev Term	_____	_____	_____	_____
NewTerm	_____	_____	_____	_____
New Cum	_____	_____	_____	_____