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

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<th>Q Pts</th>
<th>GPA</th>
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