



Art Academy of Cincinnati

Grade Change Form

(Please Print)

Art Academy
of Cincinnati
College of Art & Design

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

CC: Semester Grades, Instructor, Student File, Student