



KEAN
UNIVERSITY
www.kean.edu

OFFICE OF THE REGISTRAR

STUDENT GRADE PROBLEM FORM

SEMESTER _____ **YEAR** _____

Name (Please Print) _____

Address _____

Student ID Number _____ Daytime Phone Number _____

Please identify the course(s) that are in question:

<u>Department – Course Number - Section No.</u>	<u>Instructor</u>	<u>Grade Received</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Problem: (Check appropriate problem.)

Incorrect Grade _____

Incorrect Course _____

Missing Course: Dept. Code _____ Course No. _____ Section No. _____
Title: _____

Incorrect Cumulative or Term – Grade Point Average:
Please indicate what you believe your grade point average should be: _____
Explain: _____

Dean’s List – should be on the list as a:
 Full-time student: Term/GPA _____
 Part-time student(s): Fall & Spring Term/GPA _____

Other (explain) _____

Student’s Signature _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

For Registrar’s Office Only:

Deposition: _____

Reviewed By: _____ Date _____