

MISSISSIPPI VALLEY STATE UNIVERSITY

OFFICE OF STUDENT RECORDS COVID-19 GRADE CHANGE AUTHORIZATION FORM*

STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Student ID#: _____ Major: _____ Classification: _____

GRADE CHANGE AUTHORIZATION

- I authorize the Office of Student Records to change the following assigned course grades to V and/or PP.
- I understand that exercising the temporary Grade Change option is irreversible.

COURSE AND GRADE INFORMATION

CRN	Course#	Section	Course Title	Assigned Grade (A-F)	COVID19 Grade Option (V/PP/F)

STUDENT SIGNATURE: _____ DATE: _____

ADMINISTRATION SIGNATURES

STUDENT RECORD'S OFFICIAL: _____ DATE: _____

ACADEMIC AFFAIRS: _____ DATE: _____

** For undergraduate only.*