



GEORGIA
CENTRAL UNIVERSITY

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registrar@gcuniv.edu www.gcuniv.edu

ACADEMIC RECORD CORRECTION REQUEST FORM

Dear Registrar,

I hereby request and authorize you for corrections to academic records for the following specifications;

Academic Term:	_____ , 20 _____
Course # & Title:	_____
Instructor's Name:	_____

Name: _____, _____ Date of Birth: _____/_____/_____
Last First mm dd yyyy

Degree Program: _____ Telephone #: _____

Specifications: *(Please State the detailed information why you are requesting corrections of academic records)*

Signature: _____ Date: _____

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Instructor Only

Grade change from _____ to _____

Signature: _____ Date: _____

Office Use Only

Processed By : _____

Specifications: _____

Process Date: _____

Authority : _____