



Change of Grade Form

Student Name: _____ Tech ID: R_____

Last First MI

Term Originally Registered _____ Original Grade _____

Course Title _____

Course CRN _____ Course Prefix, Number, & Section _____

Date of New Grade _____ New Grade _____

Justification _____

ALL ELECTRONIC SIGNATURES ARE REQUIRED FOR THIS CHANGE TO BE VALID

Instructor/Program Director _____ Date _____

Associate Dean/School Designee _____ Date _____

Registrar Staff _____ Date _____