CHANGE OF GRADE FORM

(PLEASE PRINT/TYPE ALL INFORMATION)



		Date:					
Please chang	ge the follo	wing grade for:					
T Number:							
Name:							
Semester:							
Discipline	Course No.	Course Title	e	Hrs.	Change From	Change To	
Justification (attach supporting documentation):							
Academic D	epartment	:					
Approved b	y:						
Instructor		Depar	tment Head		Dean		
	Of	fficial use only (Aca	demic Affairs	/ Record	ls Office)		
Appro	oved	Disapproved Returned for Clarity/Additional Information					
Comments:							

Academic Affairs/Records Office