

CHANGE OF GRADE FORM

(PLEASE PRINT/TYPE ALL INFORMATION.)



OFFICE OF ADMISSIONS AND RECORDS, POST OFFICE BOX 9609, 3500 JOHN A. MERRITT BLVD., NASHVILLE, TN 37209-1561

DATE: _____

Please change the following grade for:

T-Number: _____/_____/_____

Name: _____

Semester: ___ Fall 200 ___ ___ Spring 200 ___ ___ Summer 200 ___

Dis.	Course No.	Course Title	Hrs.	Change Grade From To
_____	_____	_____	_____	_____

Justification (attached supporting documentation):

Academic Department: _____

Approved By: _____

Instructor Department Head Dean

Office Use (Academic Affairs/Admissions and Records):

___ Approved ___ Disapproved ___ Returned For Clarity/Additional Information

Comments: _____

Signature: _____
Academic Affairs/Admissions and Records