CHANGE OF GRADE FORM

(PLEASE PRINT/TYPE ALL INFORMATION.)

TENNESSEE STATE *University*

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 20 __ ☐ Spring 20 __ ☐ Summer 20 __

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