

Office of the Registrar

TENNESSEE

**GRADE CHANGE FORM**

Name of student: \_\_\_\_\_ T#: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (MI)

Course as now recorded: Subject: \_\_\_\_\_ Course No: \_\_\_\_\_ Section: \_\_\_\_\_ Credits: \_\_\_\_\_

Semester & year course was taken: \_\_\_\_\_

Grade change: Previous Grade: \_\_\_\_\_ New Grade: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Explanation for grade change:

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FACULTY MEMBERS MUST BE PREPARED TO PRESENT A VALID TTU ID WHEN SUBMITTING GRADE CHANGES.