



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.