



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

Office of the Register

## Instructions for Completing Grade Change Form

Fill out the requested information on form, and e-mail your school contact person.

SOAHS: [Lindsay.Johnson@ttuhsc.edu](mailto:Lindsay.Johnson@ttuhsc.edu)  
SON: [Melinda.Mitchell@ttuhsc.edu](mailto:Melinda.Mitchell@ttuhsc.edu)  
[Kathy.Sridaromont@ttuhsc.edu](mailto:Kathy.Sridaromont@ttuhsc.edu)  
[Barbara.Cherry@ttuhsc.edu](mailto:Barbara.Cherry@ttuhsc.edu)  
[Emily.Merrill@ttuhsc.edu](mailto:Emily.Merrill@ttuhsc.edu)  
SOM: [Simon.Williams@ttuhsc.edu](mailto:Simon.Williams@ttuhsc.edu)  
[Lauren.Cobbs@ttuhsc.edu](mailto:Lauren.Cobbs@ttuhsc.edu)  
GSBS: [Pamela.Johnson@ttuhsc.edu](mailto:Pamela.Johnson@ttuhsc.edu)  
SOP: [Summer.Balcer@ttuhsc.edu](mailto:Summer.Balcer@ttuhsc.edu)  
PLF: [Kathryn.Horn@ttuhsc.edu](mailto:Kathryn.Horn@ttuhsc.edu)

The school's contact person will forward the completed form to the registrar's office.

SOAHS: [Traci.Gonzalez@ttuhsc.edu](mailto:Traci.Gonzalez@ttuhsc.edu)  
SON: [Yolanda.Camunes@ttuhsc.edu](mailto:Yolanda.Camunes@ttuhsc.edu)  
SOM: [Traci.Gonzalez@ttuhsc.edu](mailto:Traci.Gonzalez@ttuhsc.edu)  
GSBS: [Traci.Gonzalez@ttuhsc.edu](mailto:Traci.Gonzalez@ttuhsc.edu)  
SOP: [Yolanda.Camunes@ttuhsc.edu](mailto:Yolanda.Camunes@ttuhsc.edu)

The electronic signature will be valid only if emailed from your TTUHSC account. Your forwarded email will be your electronic signature.

School Contact Personnel: After approval, please make sure you are forwarding the same email that was sent to you by the faculty member so the email history is part of the document.

Once receiving the grade change form, the registrar's office will scan and index the email, make the grade change, and will email all individuals in the email trail that the grade change has been made.



TEXAS TECH UNIVERSITY  
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Office of the Registrar

**Grade Change Form**

Student Name: \_\_\_\_\_ TechID: R \_\_\_\_\_  
Last First MI

Term Originally Registered \_\_\_\_\_ Original Grade \_\_\_\_\_

Course Title \_\_\_\_\_

Course CRN \_\_\_\_\_ Course Prefix, No., & Section \_\_\_\_\_

Date of New Grade \_\_\_\_\_ New Grade \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALL ELECTRONIC SIGNATURES ARE REQUIRED FOR THIS CHANGE TO BE VALID

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

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