TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Office *of the* Registrar

Change of Grade Form

Student Name:_____ Tech ID: R_____
Last First MI

Term Originally Registered_____ Original Grade _____

Course Title _____

Course CRN _____ Course Prefix, Number, & Section _____

Date of New Grade_____New Grade _____

Justification _____

_____

_____

_____

ALL ELECTRONIC SIGNATURES ARE REQUIRED FOR THIS CHANGE TO BE VALID

Instructor/Program Director _____Date_____

Associate Dean/School Designee _____Date_____

Registrar Staff_____Date_____