

# College of Science and Engineering

Texas Christian University

## REQUEST FOR CHANGE OF GRADE

To the Instructor: Please prepare one copy, obtain approval from your Chairman and send to the Dean's office for approval.

Date \_\_\_\_\_ TCU ID#: \_\_\_\_\_

Please change the grade of \_\_\_\_\_  
Name of Student (Please print or type)

from \_\_\_\_\_ to \_\_\_\_\_ in course number \_\_\_\_\_ section \_\_\_\_\_

for the \_\_\_\_\_ Semester, 20 \_\_\_\_ .

Reason for Changes:

\_\_\_\_\_  
Instructor's Name (Please print or type)

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Chairman's Signature

\_\_\_\_\_  
Dean's Signature

### FOR USE BY THE REGISTRAR'S OFFICE

Received \_\_\_\_\_

Terminal \_\_\_\_\_

Date recorded \_\_\_\_\_

Notice to student \_\_\_\_\_