

TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER.™

Office of the Provost  
Registrar

## Change of Grade 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 \_\_\_\_\_

Justification\_\_\_\_\_

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ALL ELECTRONIC SIGNATURES ARE REQUIRED FOR THIS CHANGE TO BE VALID

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

Associate Dean/Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

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