

Change of Grade Form

Student's First Name: _____ Middle: _____ Last: _____

MyUTSA ID: _____ Term: Fall Spring Summer Year: _____

CRN: _____ SUBJECT: _____ COURSE NO.: _____ SECTION NO.: _____ Instructor: _____
Print Name

Grade originally assigned: _____ Grade to be changed to _____
Letter grade, IN, NR, etc. IN requires a completed *Requirements for Removal of Incomplete Form*

Reason for change of grade:

Instructor's signature: _____ Date: _____
Signature Print Name

Recommended approval: _____ Date: _____
Signature Print Name

Approved: _____ Date: _____
Signature Print Name

WHEN APPROVED, FORWARD TO THE OFFICE OF THE REGISTRAR

For Registrar's Office Use Only

Requires Academic Standing be changed from _____ to _____ Processed by _____ Date _____
I:\Reg\Exec\Word60\Forms\Inventory Forms and Web\Change of Grade FormP (Rev.022513)