



Grade Change Form

I wish to make a grade correction for the student named below.

I wish to change an "I" (Incomplete grade) for student named below.

Name of student: _____ TSC ID: _____

Course Name _____

Course # _____ Section: _____ Year: _____

Fall Semester

Spring Semester

SummerSessionI

Fall Mini I

Spring Mini I

Fall Mini II

Spring Mini II

SummerSessionII

Fall Mini III

Spring Mini III

Fall Mini IV

Spring Mini IV

SummerSessionIII

Fall Mini V

Spring Mini V

Grade change from: _____ **to** _____

Reason for grade change. (Please be specific.)

Instructor Name (Print): _____

Signature of Instructor: _____ Date: _____

This change has been brought my attention.

Signature of Department Chair: _____ Date: _____

Signature of Dean: _____ Date: _____