

Office of the Registrar
Change of Grade Form
Texas Tech University

For
(Student): _____
Last First Middle

ID: _____

CRN: _____

Course
Name
& Number: _____

Course
Sec./Lab: _____

Enrolled: _____
(semester: spring, fall, summer I, summer II)

Year: _____

Original
Grade: _____

New Grade: _____

Date
Completed: _____

Date Filed: _____

Remarks: _____

ALL SIGNATURES INDICATED ARE REQUIRED FOR THIS CHANGE TO BE VALID.

Initiated By: _____
Instructor Signature

Date: _____

Approved By: _____
Signature of Academic Dean of College
in which student is enrolled

Date: _____

Signature: _____
Signature of Registrar Staff when processed

Date: _____

Copy to: **Registrar (original)**

Dean

Faculty

Student