



### Change of Grade Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID \_\_\_\_\_ Catalog Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Complete Term and Year of class attended:

SPRING/YR: \_\_\_\_\_ SUMMER/YR: \_\_\_\_\_ FALL/YR: \_\_\_\_\_

Course Reference Number	Course Subject	Course Number	Course Section

Grade Reported: \_\_\_\_\_ Corrected Grade: \_\_\_\_\_

Reason for Change of Grade: \_\_\_\_\_

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

\_\_\_\_\_  
Department Chair Date

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

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: \_\_\_\_\_