



Change of Grade

www.tstc.edu

College Location _____

Student's Name _____

Student's Major _____

Student's Soc. Sec. No. _____

Please Change Grade From: _____

To: _____

For _____
Course Name Number Section

Semester Enrolled For Course _____

Remarks (Reason for Change):

Is this student graduating this term? Yes No

Instructor Signature _____ Date _____

Completed by: _____ Date _____
Office Staff Signature

Program Chair Signature _____ Date _____

White - Admission/Student Records
Yellow - Department Chair
Green - Instructor

TSTC-O-ES-001 (Rev.11-01)