GRADE CHANGE FORM

Texas Wesleyan
OFFICE OF STUDENT RECORDS
registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

II. SEMESTER INFORMATION

Year: _____

Semester: ☐ Summer ☐ May ☐ Fall ☐ Winter ☐ Spring

Session: ☐ I ☐ III ☐ II ☐ Extended

III. COURSE INFORMATION

Dept.	Course	Section	Original Grade	New Grade

Explanation for why grade change is being submitted:

_____

_____

_____

IV. APPROVAL SIGNATURE

Instructor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

For Office of Student Records Use Only

Processed by: _____ Date: _____