TN eCampus – Grade Change Form

Student Last Name:Student Home Institution:		Student First Nam	Student ID:		
		Student ID:			
Subject Area:	Course #:	Hrs Credit:	Student ID is filled out by home institutio	n	
Semester:	Year:	_ Change grade:	from to		
Instructor Last Name:		Instructor First Na	Instructor First Name:		
Instructor Email:		Instructor Phone:	Instructor Phone:		
Dept Chair Email:		Dept Chair Phone	Dept Chair Phone:		
Dean Email:		Dean Phone:	Dean Phone:		
Reason for Grade Change [ra	dio buttons below]				
Computational error					
Grade transposition					
Instructor missed deadli	ne for turning in "incom	nplete" grade form to the C	Office of Records		
Student missed final exa	am due to personal or in	nmediate family physical ill	ness or accident		
Request to change a pre	eviously assigned grade t	to a "W" (documentation o	f extenuating circumstances mus	it	
be attached)					
Incorrect grade assignm	ent because of name ch	nange or student ID numbe	r change		
Other (explain in "Comn	nents" section)				
Comments:	-		<u></u>		
Signatures Follow grade change procedures Scan and attach this form to emo	ail or fax to student's home	e institution. No signature star			
Instructor Signature:			Date:		
Dept Chair / Dean Name (prin	nt or type):				
Dept Chair / Dean Signature:			Date:		
Campus Contact Signature at Instructor Institution:			Date:		
Campus Contact Signature at Receiving Institution:			Date:		
Processed in Registrar's Office by:			Date:		