REQUEST TO CHANGE A GRADE

TO: Martha Barnett, Interim Registrar

FROM: ____________________________ __________________________
Instructor’s Name (Printed) Instructor’s Signature Date

Erica Bell/Dr. Brian Donavant have my permission to change the following grade/s on my behalf.

Student Name:__________________________ Student Number:__________________________

Course Name/Number:____________________ CRN:___________ Semester/Year:____________________

Please change the grade from** ______ to ______. (All I’s of F’s Must Include Last Date of Attendance__________)

Reason:___________________________________________________________________________________________

**Time limit for changing Incomplete (I) grades is 2 regular semesters. Other grades may be changed after 2 regular
semesters with written permission of both department chair AND dean.

Instructions: Please complete this form and fax to Erica Bell, ECOS (731-881-7984).
(Note: If you need to change grades for an entire section, you may attach a list.)