

U Central

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
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Change of Grade

Student Name: _____ ID #: _____
(Please print current name on file)

CRN (required): _____ Course: _____ Section: _____

Year: _____ Term: ☐ Fall ☐ Spring ☐ Mini-term ☐ Summer I ☐ Summer II

Change grade from: _____ to: _____ by: instructor of record.

Reason for grade change:

Printed name of Instructor

Signature of Instructor

Date

Printed name of Department Chair

Signature of Department Chair

Date

Printed name of Dean

Signature of Dean

Date

A change of grade may only be initiated by the instructor of record.

This form must be delivered to U Central by campus mail, in person by UTRGV faculty or full-time employee (student delivered forms will not be accepted).

BLANK FORMS ARE NOT TO BE GIVEN TO STUDENTS

For Registrar's Office Use Only:

Term

SHADEGR (degree awarded)

Date

Entered by: