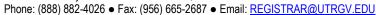
U Central

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY 1201 West University Drive ● Edinburg, Texas 78539 1 West University Boulevard ● Brownsville, Texas 78520





	Change of Grade	
Student Name: (Please print current name on file)	_	ID #:
CRN (required): Course: _	Section:	<u> </u>
Year: Term:	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 chang	e of grade may only be initiated by the instru	uctor of record.
	delivered to U Central by campus mail, in pe e employee (student delivered forms will not	
	BLANK FORMS ARE NOT TO BE GIVEN TO STU	DENTS
	For Registrar's Office Use Only:	
Term	SHADEGR (degree aw	arded)
Date	Entered by:	