

U Central

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY

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Grade Change Form

For completion by Instructor of Record or Department Chair only:

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

Course Number: _____ Section: _____ CRN: _____ Year: _____

Traditional Term: ☐ Fall ☐ Spring ☐ Miniterm ☐ Summer I ☐ Summer II

(or for accelerated online program courses, please check off the appropriate term and module boxes below)

Accelerated Online Program Term: ☐ Fall ☐ Spring ☐ Summer

Module: ☐ Module I ☐ Module II

Change grade from (grade to be replaced): _____ to (revised grade): _____. (Revised grade cannot be DR, I, or W)

Applied for graduation: ☐ Yes ☐ No If yes, term of graduation: _____.

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 or Assoc. Dean

Signature of Dean or Assoc. Dean

Date

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

This form must be delivered to UCentral by campus mail, or in person by UTRGV faculty or full-time employee, or via faculty or full-time employee UTRGV email to registrar@utrgv.edu. Student delivered forms will not be accepted.

BLANK FORMS ARE NOT TO BE GIVEN TO STUDENTS UNDER ANY CIRCUMSTANCES

Office of the University Registrar Use Only:

Term

SHADEGR (degree awarded)

Date

Entered by:

Last Updated 1/31/2025.