

# 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: \_\_\_\_\_ Term:  Fall  Spring  Miniterm  Summer I  Summer 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 U Central 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](mailto: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: