

TN eCampus – Grade Change Form

Student Last Name: _____ Student First Name: _____

Student Home Institution: _____ Student ID: _____

Student ID is filled out by home institution

Subject Area: _____ Course #: _____ Hrs Credit: _____

Semester: _____ Year: _____ Change grade: from _____ to _____

Instructor Last Name: _____ Instructor First Name: _____

Instructor Email: _____ Instructor Phone: _____

Dept Chair Email: _____ Dept Chair Phone: _____

Dean Email: _____ Dean Phone: _____

Reason for Grade Change [radio buttons below]

Computational error

Grade transposition

Instructor missed deadline for turning in “incomplete” grade form to the Office of Records

Student missed final exam due to personal or immediate family physical illness or accident

Request to change a previously assigned grade to a “W” (documentation of extenuating circumstances must be attached)

Incorrect grade assignment because of name change or student ID number change

Other (explain in “Comments” section)

Comments: _____

Signatures

Follow grade change procedures at your institution for signatures.

Scan and attach this form to email or fax to student’s home institution. No signature stamps.

Instructor Name (print or type): _____

Instructor Signature: _____ Date: _____

Dept Chair / Dean Name (print or type): _____

Dept Chair / Dean Signature: _____ Date: _____

Campus Contact Signature at Instructor Institution: _____ Date: _____

Campus Contact Signature at Receiving Institution: _____ Date: _____

Processed in Registrar’s Office by: _____ Date: _____