

## 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: \_\_\_\_\_