UNT | HEALTH SCIENCE CENTER

Change of Grade Form

Student & Course Information

Student ID or Social Security Number	Last Name First Name Middle Name
Course Prefix & Number	Course Title
Semester & Year of Original Grade	Select Program: ☐ SPH ☐ GSBS ☐ TCOM ☐ SHP-PA ☐ SHP-PT ☐ SCP

Change Grade from _____ to _____

Reason for Change:

_____

_____

_____

Instructor Signature	Date
Department Chair Signature	Date
Academic Dean Signature	Date

PROCEDURE FOR CHANGE OF GRADE

1. Instructor/Student obtains Change of Grade form from the Academic Dean's Office or the Office of the Registrar.
2. Instructor completes form, signs, and obtains Department Chair's signature.
3. Instructor delivers form to the Academic Dean's Office
4. Academic Dean's Office signs the form and sends to the Office of the Registrar for processing.