

Complete the form and obtain all appropriate signature(s); Forward/FAX the form to:

Enrollment Services

910 Madison Ave., Suite 525

Memphis, Tn 38163

Office: (901) 448-5560 Fax: (901) 448-7772

How to obtain signature(s):

****ONLY, The instructor of record signature is required.***

HOWEVER,

****If the instructor of record is the chair of the department or if the form is submit by the chair in place of the instructor of record,***

****Then the form must be countersigned by:***

- a. The deparment chair or***
- b. The dean of the college, or***
- c. The college designee of academic affairs or student affairs representative.***

GRADE CHANGE REQUEST FORM

Office of the Registrar
University of Tennessee Health Science Center

DIRECTIONS: To change or submit a student grade within the permanent grade record files please complete each section below. The instructor who taught the course for which the grade is being changed (**instructor of record**) submits this form and no other signatures are required.

If this request is being submitted by the department chair in place of the instructor of record, then this form must be countersigned by the dean of the college in which the course was taught or Student Affairs Designee. **Except for signatures, all information must be printed or typed.**

Student Name: _____, _____
Last First Middle

Student ID#: | 8 | 8 | 5 | | | | | |

Course: _____ / _____ / _____
Name Number Section Year/Term Hrs. Credit

Instructor of record: _____ **Change grade FROM** _____ **TO** _____

Reason for Grade Change: (initial – do not check - all that apply)

- ☐ Computational Error
- ☐ Grade Transposition
- ☐ Student enrolled in clerkship/externship/clinical need to retake written or both sections
- ☐ Instructor missed deadline for turning in "incomplete" grade roster to the Registrar.
- ☐ Student missed final exam due to personal/immediate family physical illness/accident (verified).
- ☐ Instructor failed to consider all assignments (paper, project, etc.) or failed to average in all test(s).
- ☐ Change "I" to final grade.
- ☐ IP grade change-exception to re-enrollment policy.
- ☐ Incorrect grade assignment because of name change or student ID number change.
- ☐ Grade Change based on resolution of differences addressed in grade appeal process.
- ☐ Grade change due to decision of Grade Appeals Committee.
- ☐ Other – Explain: _____

APPROVAL SIGNATURES (no signature stamps accepted)

Instructor of Record: _____ Date: ____/____/____
dd mm yr

Department Chair Name (print or type): _____

Department Chair Signature: _____ Date: ____/____/____
dd mm yr

Dean Name (print or type): _____

Dean Signature: _____ Date: ____/____/____
dd mm yr

Student Affairs/Academic Affairs Designee Name (print or type): _____

Signature: _____ Date: ____/____/____
dd mm yr

Signed original of this document must be received by Enrollment Management, 910 Madison, Suite 525, in order to initiate the grade change. No other communications will be accepted in lieu of this form.