

# ANGELO STATE UNIVERSITY

## REQUEST FOR GRADE CHANGE

Campus ID \_\_\_\_\_

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address \_\_\_\_\_  
(Number & Street, P.O. Box., etc.) (City, State ZIP)

Local Address \_\_\_\_\_  
(Number & Street, P.O. Box., etc.) (City, State ZIP)

Course \_\_\_\_\_  
(Name) (Number) (Section) (Semester)

Grade Reported \_\_\_\_\_ The New Grade is \_\_\_\_\_

Reason for Grade Change \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Instructor \_\_\_\_\_

Instructor Signature \_\_\_\_\_ (Date)

Head of the Department \_\_\_\_\_ (Date)

Dean of the College \_\_\_\_\_ (Date)

Dean of Graduate School \_\_\_\_\_ (Date)  
(when applicable)

Registrar \_\_\_\_\_ (Date)

*The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Academic Affairs Office.*