

Email this form to [dualcredit@angelo.edu](mailto:dualcredit@angelo.edu). All appropriate signatures must be included for the change to be processed. Only one area of signatures needs to be completed based on instructional method.

## ANGELO STATE UNIVERSITY REQUEST FOR DUAL CREDIT GRADE CHANGE

Student's Campus ID "CID" \_\_\_\_\_

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

ASU Course \_\_\_\_\_  
(Subject) (Course Number) (CRN) (Semester)

Instructional Method (*check one*): Face to face \_\_\_\_\_ Online \_\_\_\_\_

Grade Reported \_\_\_\_\_ New Grade \_\_\_\_\_

Reason for Grade Change:

### ***Required signatures for face to face courses (taught by a credentialed HS teacher):***

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

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

Principal Signature \_\_\_\_\_ (Date) \_\_\_\_\_

### ***Required signatures for online courses (taught by ASU faculty):***

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

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

Chair of Department Signature \_\_\_\_\_ (Date) \_\_\_\_\_

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

<p><i>Office Use:</i> Registrar Signature _____ (Date) _____</p>
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*Revised: December 2020*

*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.*