This form is to be used only for embedded dual credit classes taught on the high school campus by a credentialed instructor. Email this form to dualcredit@angelo.edu. All information and appropriate signatures must be included for the change to be processed.

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)

Name of Principal __________________________________________________

Principal Signature __________________________________________________ (Date)

Office Use:
Registrar Signature ________________________________________________ (Date)

Revised: December 2023
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.