



# Texas A&M University-Corpus Christi

The Island University

## Change of Grade Report Form

Student's Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Course Title \_\_\_\_\_ Course No. and Section \_\_\_\_\_

Semester \_\_\_\_\_ Original Grade: \_\_\_\_\_ Corrected Grade: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

**For Admissions & Records Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_