



# Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

## OFFICE OF THE REGISTRAR Request for Change of Grade

Date: \_\_\_\_\_

### Student Information:

| Sam ID Number | Last Name | First Name |
|---------------|-----------|------------|
|               |           |            |

### Course Information:

| Term | Subject | Course | Section | CRN |
|------|---------|--------|---------|-----|
|      |         |        |         |     |

### Grade Change:

| Old Grade | New Grade |
|-----------|-----------|
|           |           |

If the new grade is "F", list last date of attendance \_\_\_\_\_

Reason for Change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I certify that I was the instructor of the above-named student in the course so indicated and the grade change is for the above state reason.*

\_\_\_\_\_  
Instructor's Printed Name      Instructor's Signature      Date

*The Department Chair signature is REQUIRED on all change of grade forms*

\_\_\_\_\_  
Department Chair's      Department Chair's Signature      Date  
Printed Name

**Please submit the completed form to [schedule@shsu.edu](mailto:schedule@shsu.edu) for processing**

*This form will not be accepted from students*

\_\_\_\_\_  
Processed By      Date