Complete the form and obtain all appropriate signature(s); Forward/FAX the form to:

Enrollment Services
910 Madison Ave., Suite 525
Memphis, Tn 38163
Office: (901) 448-5560 Fax: (901) 448-7772

How to obtain signature(s):

*ONLY, The instructor of record signature is required.

HOWEVER,

*If the instructor of record is the chair of the department or if the form is submit by the chair in place of the instructor of record,

*Then the form must be countersigned by:

a. The deparment chair or
b. The dean of the college, or
c. The college designee of academic affairs or student affairs representative.
GRADE CHANGE REQUEST FORM
Office of the Registrar
University of Tennessee Health Science Center

DIRECTIONS: To change or submit a student grade within the permanent grade record files please complete each section below. The instructor who taught the course for which the grade is being changed (instructor of record) submits this form and no other signatures are required.

If this request is being submitted by the department chair in place of the instructor of record, then this form must be countersigned by the dean of the college in which the course was taught or Student Affairs Designee. Except for signatures, all information must be printed or typed.

Student Name: ____________________________________ , ____________________________ , __________________________
Student ID#: 885

Course: ___________________________ / / / Name Number Section Year/Term Hrs. Credit
Instructor of record: ___________________________ Change grade FROM _______ TO _______

Reason for Grade Change: (initial – do not check - all that apply)
[ ] Computational Error
[ ] Grade Transposition
[ ] Student enrolled in clerkship/externship/clinical need to retake written or both sections
[ ] Instructor missed deadline for turning in "incomplete" grade roster to the Registrar.
[ ] Instructor missed final exam due to personal/immediate family physical illness/accident (verified).
[ ] Instructor failed to consider all assignments (paper, project, etc.) or failed to average in all test(s).
[ ] Change "I" to final grade.
[ ] IP grade change-exception to re-enrollment policy.
[ ] Incorrect grade assignment because of name change or student ID number change.
[ ] Grade Change based on resolution of differences addressed in grade appeal process.
[ ] Grade change due to decision of Grade Appeals Committee.
[ ] Other – Explain: ______________________________________________________

APPROVAL SIGNATURES (no signature stamps accepted)
Instructor of Record: ___________________________ Date: _____/_____/_____
dd mm yr
Department Chair Name (print or type): _______________________________________
Department Chair Signature: ___________________________ Date: _____/_____/_____
dd mm yr
Dean Name (print or type): _______________________________________
Dean Signature: ___________________________ Date: _____/_____/_____
dd mm yr
Student Affairs/Academic Affairs Designee Name (print or type)______________________
Signature: ___________________________ Date: _____/_____/_____
dd mm yr

Signed original of this document must be received by Enrollment Management, 910 Madison, Suite 525, in order to initiate the grade change. No other communications will be accepted in lieu of this form.