GRADE CHANGE FORM

Student: ____________________________

Last       First       Middle

SID #: _________ - _________ - _________

Change grade from _________ to _________

Course: _________ _________ _________

Semester: _________ _________
           Semester Year

Reason:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

TO THE INSTRUCTOR:
Please complete, sign, and date this form
and submit it to your academic chair. Do
NOT give this form to the student.

Instructor __________________ Date _________

Dept. Head __________________ Date _________

Dean __________________ Date _________

Stephen F. Austin State University Registrar's Office

A change of grade in _________ _________ to a grade of _________ has been
posted to your permanent record.