



ARKANSAS TECH
UNIVERSITY

OFFICE OF THE REGISTRAR
Brown Hall, Suite 307

GRADE CHANGE FORM

Student ID Number

Date

T _ _ _ _ _

Name Enrolled Under (Last, First, Middle, Other)

Course: _____
CRN Prefix Number Section

☐ Spring
☐ Fall

☐ Summer

Year: _____

Previous grade: _____ New Grade: _____

Instructor: _____

Rationale: _____

Instructor's Signature

Department Head or Dean's Signature

Date processed in Registrar's Office

Vice President for Academic Affairs

Revised May 14, 2012