

Use this form only for grade changes not available through the online Grade Change Tool.
Submit this form to the Registrar's Office via a [TigerHelp ticket](#).

Student U-Number: _____
Student Last Name: _____
Student First Name: _____
Student Middle Name: _____
Subject: _____ Course#: _____ Sec#: _____ CRN: _____
Term: _____ Year: _____
Instructor: _____
Change Grade From: _____ To: _____ Hrs Credit: _____

Grade changes will not be processed for students whose degree has been awarded.

Reason for Grade Change:

Comments: _____

SIGNATURE STAMPS NOT ACCEPTABLE

Dept: _____ Dept Chair (Type or Print): _____

Instructor's Signature: _____ Date: _____

Instructor's UofM E-mail: _____

Instruct. #2's Signature: _____ Date: _____

Instruct. #2's UofM E-mail: _____

Dept Chair's Signature: _____ Date: _____

When the Department Chair is the Instructor, the College Dean signs approval.

Academic Affairs: Approved Denied

Signature: _____ Date: _____

This area for Student Records use	U COMB SEM
POSTED	U COMB CUM
U SEM	G SEM
U CUM	G CUM
<input type="checkbox"/> GS <input type="checkbox"/> AA/AW <input type="checkbox"/> N1/P1 <input type="checkbox"/> N/P <input type="checkbox"/> AD/S	SFAALST