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## **Grade Change Form**

I wish to make a grade correction for the student named below.

I wish to change an "I" (Incomplete grade) for student named below.

lame of student:		TSC ID:	
Course Name Course #	Section:	Year:	
Fall Semester	Spring Semester	Summer Session I	
Fall Mini I	Spring Mini I	Summer Session II	
Fall Mini II	Spring Mini II	Summer Session III	
Grade change fr	om: to		

Reason for grade change. (Please be specific.)

Instructor Name (Print):	
Signature of Instructor:	Date:
This change has been brought my attention.	
Signature of Dean:	Date:

This form must be returned to the Office Admissions and Records