

The University of Texas of the Permian Basin – Grade Change Request

Student Name _____ Student UID# _____

Department _____ Course # _____ Section # _____ Credit Hrs. _____

Semester grade was given: (Please circle) Fall Spring Summer Year _____

Original Grade: **A** **B** **C** **D** **F** **S** **U** **I** **PR** **Z** **W** **NG** + -

Change To: **A** **B** **C** **D** **F** **S** **U** **I** **PR** **Z** **W** **NG** + -

Reason for grade change: _____

Instructor's Signature _____

Date _____

Department Chair's Signature _____

Date _____

Registrar's Signature _____

Date _____