

TNTC

The National Teachers College

OFFICE OF THE REGISTRAR

CHANGE OF GRADE FORM

Date: _____

Student Information:

Social Security Number _____

Phone: _____

Name: _____
Last First Middle

Email _____

Current Address: _____
Street City State Zip

Semester: _____ Year: _____ Course: _____

Instructor: _____

Graduate Grades

Original Grade Circle One	New Grade Circle One
A	A
A-	A-
B+	B+
B	B
B-	B-
C+	C+
C	C
C-	C-
D+	D+
D	D
D-	D-
F	F
I	I

Reason for Change:

Instructor's Signature

Date

Processed by Registrar's Office - Signature

Date