Change of Grade By Section Form

Course Information:

Complete all items; incomplete forms will be returned.

Step 1: Instructor completes Change Form

Step 2: Send form to Department Chair for signature/approval.

Step 3: Department Chair forwards approved form to records@gtcc.edu for processing.

Prefix and Section #:_____ Course Title: ____

Semester course was	taken:		Academic year course was taken:		
Reason for Change:		Removal of Incomplete Miscalculation of Grade Other; please specify:			
G(_)_ (TD#		64.1	4 No.	lo	Classic
Student ID#		Studen	t Name	Original Grade:	Change Grade to:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17					

Change of Grade By Section Form

19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
	A 1(-)			
	Approval(s):			
Instructor:	Date:			
Department Chair:	Date:			
	For Office Use Only			
Cradit Hours				
Credit Hours:	CRT Entry: Date Entered			
Q: 4				