**Tohono O'odham Community College Grade Change Form**

Student Name

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

(Student Number) (Last) (First) (Middle)

Term Taken

Year

Course Number

Change final grade from to .

Specific reason for change (if not a change of “I” within normal one year time limit.)

FACULTY MEMBER

Please return copies to Admissions Office One copy goes to Instructor.

Printed Name of Instructor

Signature of Instructor Date

Signature of Academic Dean

Date

(If Applicable) LEAVE BLANK BELOW THIS LINE – FOR OFFICE USE ONLY

Date Processed Admissions Office