Request for Grade Change
Office of the Registrar, University of Memphis, 003 Wilder Tower / Ph: 678-2810

Student U-Number: U			
Student Last Name:			
Student First Name:			
Student Middle Name:			
	Sec#: CRN:		
Term: Year:			
Instructor: For To: F	luo Cuo dite		
Change Grade From: For F	irs Credit:		
Grade changes will not be processed for students whose degree has been awarded. Reason for Grade Change: Comments:			
		SIGNATURE STAMPS NOT ACCEPTABLE Dept: Dept Chair (Type or Print):	
Instructor's Signature:	Date:		
Instructor's U of M E-mail:	@memphis.edu		
Instruct. #2's Signature:	Date:		
Instruct. #2's U of M E-mail:	@memphis.edu		
Dept Chair's Signature:	Date:		
When the Department Chair is the Instructor, the College Dean signs approval.			
Academic Affairs: Approved Denied			
Signature:	Date:		
This area for Student Becards use	LL COMP SEM		
This area for Student Records use POSTED	U COMB SEM U COMB CUM		
U SEM	G SEM		
U CUM	G CUM		
☐ GS ☐ AW ☐ P1 ☐ PROB ☐ SUSP	SFAALST		