# GRADE CORRECTION FORM

OFFICE OF THE REGISTRAR
Prairie View A&M University
Prairie View, Texas 77446

(Please TYPE)

Student's Name : _____ SID No. : _____
*Last* *First* *MI*

Instructor Requesting Change : _____ Course & No. : _____

Course Title : _____ Semester & Year : _____

Final Grade Initially Awarded : _____ Final Grade Changed To : _____

## JUSTIFICATION

**Supporting Documentation of Reason for Grade Change Must Be Attached**

_____

_____

_____

_____ _____
Instructor's Signature Date

Approved Disapproved

_____
Head of Department

Approved Disapproved

_____
Dean of College

Approved Disapproved

_____
Vice President/Academic Affairs

## REGISTRAR'S OFFICE USE ONLY

A review of the student's registration revealed that the student (did)(did not) enroll in the course in question.

Reference Number : _____ Section Number : _____

Current Record Review By : _____ Date : _____

## REGISTRAR'S REVIEW

Change Grade Hold Change Grade*

_____
Registrar's Signature

*Reason : _____

_____

Correction Made By : _____ Date : _____

Copy 1 – Office of Registrar Copy 2 – Academic Department