



Tohono O'odham Community College

Grade Change Form

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(Student Number)

Student Name _____
(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