



**TRINITY VALLEY COMMUNITY COLLEGE  
GRADE CHANGE FORM**

Instructor Name:	Semester/Cycle for Grade Change:
Instructor E-mail:	Year for Grade Change:
Student Name:	Today's Date:
Student ID/TVIN#	

	Course Name	Course Number	Section Number	Original Grade	New Grade	Reason Code*
1.						
2.						
3.						
4.						

**\*A reason code must be selected**

1. Student completed work.
2. Calculation error by instructor.
3. Submitted work found/discovered.
4. Other/miscellaneous (describe).

<b>INSTRUCTOR SIGNATURE</b>	<b>DIVISION CHAIR SIGNATURE</b>
<i>Date</i>	<i>Date</i>

<b>AVP/PROVOST SIGNATURE</b>	<b>VICE PRESIDENT OF INSTRUCTION SIGNATURE</b>
<i>Date</i>	<i>Date</i>