



UNIVERSITY OF
MARY HARDIN-BAYLOR
EDUCATION FOR LIFE... EXPERIENCE OF A LIFETIME

Change of Grade

Student Name: _____

ID: _____ Expected Graduation Term and Year _____

Course Number & Title: _____

Year/Term: _____

Previous Grade: _____ Final Grade: _____

Reason: _____

Instructor

Date

Associate Dean

Date

Dean

Date

After the final grade has been recorded and all signatures have been received, forward this form to the Registrar's Office at Box 8425 for processing.

In the College of Christian Studies, the Dean signs for the Associate Dean.

In the College of Visual and Performing Arts, the Department Chair signs for the Associate Dean.