

ODESSA COLLEGE

Records Office

201 W. University
Odessa, TX 79764
Ph. 432.335.6404
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Grade Change Request

Semester: _____

Student's Name: _____ OC ID# _____

Course Being Affected: _____
DEPT NUMBER SECTION

Reason for Grade Change: _____

Please change the grade for this student from _____ to _____.

Instructor Name: _____
Please Print Legibly

Instructor Signature: _____ Date: _____

Dept. Chair Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

RECORDS OFFICE:

Processed by: _____ Date: _____

Notification sent to student on: _____