



**ECUMENICAL THEOLOGICAL SEMINARY**  
**2930 Woodward Avenue, Detroit, Michigan 48201**  
**Phone: (313) 831-5200 Fax: (313) 831-1353**

**~ CHANGE OF GRADE FORM ~**

Student's Name \_\_\_\_\_

Term & Academic Year for which grade is being given \_\_\_\_\_

Course Number & Title \_\_\_\_\_

Reason for Change \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change Grade FROM \_\_\_\_\_ TO \_\_\_\_\_

Professor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Submit One Copy to the Registrar's Office.**

