FOR FACULTY USE ONLY
Forms delivered by a student
will not be accepted by the
Office of the Registrar.

Brevard College

Change of Grade Form

Name of Student	(Please Print Name.)	Brevard College ID:	
	(Please Print Name.)		
isor			
ructor			
	(Please Print Name.)		
	CHANGE OF GRADE		
From	То	_	
Course Code and Num	ber		
Name of Course			
G 4 /W G4 1	4B	,	
Semester / Year Studen	it Received Grade in Course		
Reason / Comments			
Signature of Instructor		Date	

OFFICE USE ONLY				
Date Received in Office of Registrar:				
Entered by Registrar:	_ Date:			
Advisor Instructor Student Assistant Athletic Director for Compliance Associate Dean for Student Success				