

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

Full Name of Student _____ **Brevard College ID:** _____
(Please Print Name.)

Advisor _____

Instructor _____
(Please Print Name.)

CHANGE OF GRADE	
From _____	To _____
Course Code and Number _____	
Name of Course _____	
Semester / Year Student 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/Director of AEC	