

**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.)

<b>CHANGE OF GRADE</b>	
<b>From</b> _____	<b>To</b> _____
<b>Course Code and Number</b> _____	
<b>Name of Course</b> _____	
<b>Semester / Year Student Received Grade in Course</b> _____ / _____	
<b>Reason / Comments</b> _____	
_____	
_____	
_____	
_____	_____
<b>Signature of Instructor</b>	<b>Date</b>

<b>OFFICE USE ONLY</b>	
<b>Date Received in Office of Registrar:</b> _____	
<b>Entered by Registrar:</b> _____	<b>Date:</b> _____
_____	
_____	
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