

CHANGE OF GRADE FORM



DATE: _____

LOCATION (*Check one*): Belle Glade Boca Raton Lake Worth Palm Beach Gardens

TERM/YEAR (*Of Course for Grade change*) FALL SPRING SUMMER Year _____

STUDENT'S NAME: _____

STUDENT ID: _____

REF. # _____ COURSE ID _____ COURSE TITLE _____

INSTRUCTOR'S NAME _____

REASON FOR GRADE CHANGE _____

CURRENT GRADE _____ NEW GRADE _____ STUDENT'S LAST DATE OF ATTENDANCE _____
(Required if assigning FX or UX grade)

***ALL GRADE CHANGE FORMS MUST BE SIGNED BY THE ASSOCIATE DEAN or ACADEMIC DEAN.
THIS FORM IS VOID IF DELIVERED BY THE STUDENT.***

***** Submit original form to your Campus Registrar's Office. Please retain copies for your records. *****

INSTRUCTOR'S SIGNATURE

ASSOCIATE or ACADEMIC DEAN SIGNATURE