



# 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 (*Print*) \_\_\_\_\_

REASON FOR GRADE CHANGE \_\_\_\_\_

\_\_\_\_\_

CURRENT GRADE \_\_\_\_\_

NEW GRADE \_\_\_\_\_

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

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE

\_\_\_\_\_  
ASSOCIATE or ACADEMIC DEAN SIGNATURE

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