

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

*** Please hand-deliver original to your Campus Registrar's Office. Retain copies for your records. ***