

**BryanLGH College of Health Sciences**

**GRADE CHANGE FORM**

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**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

Course Number & Name: \_\_\_\_\_

Original Grade: \_\_\_\_\_

Change grade to: \_\_\_\_\_

Reason for Grade Change: \_\_\_\_\_

\_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Registrar Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

***Registrar Office Use Only***

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_