



Bryan College of Health Sciences

GRADE CHANGE FORM

Student Name: _____

Student ID: _____

COURSE: _____

Original Grade: _____

Change grade to: _____

Reason for Grade Change: _____

Instructor Signature: _____

Date: _____

Registrar Signature: _____

Date: _____

Registrar Office Use Only

Date Received _____

Date Processed _____