



Change of Grade Form

Student name _____ ID # _____

Course Prefix and Title _____

Year and Term that the course was taken _____

Date of request _____

Grade change from _____ to _____

Reason for grade change:

Instructor approval: _____ Date: _____

Registrar approval: _____ Date: _____

Return to the Registrar's Office

Fax: 276-326-4356
Mail: 3000 College Drive
Bluefield, Virginia 24605
Email: bccentral@bluefield.edu