



BEAUFORT

COUNTY COMMUNITY COLLEGE

CONTINUING EDUCATION GRADE CHANGE REQUEST FORM

Student Information	<p>1) STUDENT ID NUMBER AND NAME</p> <p>Student Name (please print): _____ First Middle Last</p> <p>Colleague Student ID Number: _____</p> <p>2) COURSE INFORMATION</p> <p>Continuing Education Course Name: _____ Course Number: _____</p> <p>Term the course was taken: <input type="checkbox"/> Spring (Jan 1-May 15) <input type="checkbox"/> Summer (May 16-August 14) <input type="checkbox"/> Fall (August 15-December 31)</p>
To Be Completed by Instructor/Continuing Edu. Director	<p>3) GRADE CHANGE INFORMATION</p> <p>Change grade from _____ to _____</p> <p>Reason for grade change: _____ _____ _____ _____</p> <p>Instructor Name (Please Print): _____ First Last</p> <p>Instructor's Email Address: _____</p> <p>Instructor's Phone Number: _____</p> <p>Instructor Signature: _____</p>
To Be Completed by Registration & Records Specialist	<p>Received By: _____ Date Received: _____</p> <p>Entered By: _____ Date Entered: _____</p>