

# CHANGE OF GRADE

**BRISTOL COMMUNITY COLLEGE**  
 Fall River, Massachusetts

Session:  Day  
 Evening

<b>This is to certify that</b>		Last Name		First Name		MI	Social Security #
<b>has a change of grade</b>	From	To	in	CRN #	Course/Section		
Course Title						Reason for change	
						<input type="checkbox"/> Make-up work Completed (MC) <input type="checkbox"/> Instructor Correction (IC) <input type="checkbox"/> Other (OT) _____	
<b>incurred in the</b>	Semester	Year	Date Work Completed				
			/ /				
Signed: _____						Center for Developmental Education Courses only:	
Instructor						<input type="checkbox"/> Met Exit Test requirement (ET) <input type="checkbox"/> Petition Approved (PA) <input type="checkbox"/> Did not enroll for 2 <sup>nd</sup> semester of self-paced course (SS)	
						Date	