

**THE COLLEGE/UNIVERSITY OF THE BAHAMAS
GRADE CHANGE FORM**

The GRADE CHANGE FORM must be completed by the course instructor and submitted to the relevant Academic Dean/Executive Director through the Chair/Academic Head of the School/Unit responsible for the course. Grade corrections must be processed within one year of the end of the semester/session in which the original grade was awarded.

Name of Student: _____ ID #: _____

Please Print

Programme: _____

Mailing Address: _____

Telephone: _____ E-mail: _____

Course Title: _____

Course Abbreviation/Number: _____ Course Section: _____

Number of Credits: _____ Semester/Session: _____

Course Fulfills (check one): Major Area General Education Elective requirement

Grade is to be Changed From: _____ To: _____

Reason for Change (check one):

Completion of Assignments to fulfill Incomplete Contract (Copy of Incomplete Contract Form attached)

Completion of Extraordinary Sitting of Final Examination (Copy of Request for Extraordinary Sitting of Final Examination Form attached)

Clerical Error

Other (Specify) _____

Name/Signature of Course Instructor Date

Name/Signature of Chair/Academic Head Date

Name/Signature of Dean/Executive Director Date

FOR STUDENT AFFAIRS USE ONLY

Date Received: _____ Date Processed: _____

Signature, Records Assistant: _____

Signature, Director of Records: _____