## ALABAMA SOUTHERN COMMUNITY COLLEGE Registrar's Office

## **Grade Change Form**

Student ID Number						
Student's Last Name	F	First Name		Middle	e Name	
GRADE CHANGE INFORMATION						
Semester: Fall	Year	Spring	Year	Summer	Year	
Course Name and Num	oer:					
Change Grade From:To:						
Instructor's Signature:				Date:		

	OFFICE USE ONLY	
Approved By :	Dean of Instruction	Date:
Grade Changed By :	Registrar/Assistant Registrar	Date:

It is the policy of the Alabama College System and Alabama Southern Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation, be denied the benefit of, or be subject to discrimination under any program, activity, or employment.