

BRYN MAWR COLLEGE
REQUEST FOR CHANGE OF GRADE*

Name of student _____

Course number and name _____

Change grade from _____ to _____

Semester and year _____

Reason for grade change _____

Name of Faculty Member _____

Signature of Faculty Member _____

Date _____

***Instructions to Faculty Member**

Complete this form and submit it directly to the Registrar's Office. One student per form; use additional copies of the form if you have more than one grade change to request.

Keep a copy for your records.

Important note: This form may be used up to one year after first submission of a grade to the Registrar. All grade changes after one year first must be approved by vote of the Faculty of Arts and Science.