

Saint Paul's College  
Lawrenceville, Virginia 23868  
(804) 848-3111 Ext. 214

**GRADE CHANGE FORM**

Student ID # \_\_\_\_\_ Name: \_\_\_\_\_

Course Number & Title: \_\_\_\_\_

Semester \_\_\_\_\_ Year Code \_\_\_\_\_ Assigned Grade \_\_\_\_\_ Change Grade \_\_\_\_\_  
FA/SP

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Instructor

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Department Chair

Date \_\_\_\_\_ Signed \_\_\_\_\_  
V.P. for Academic Affairs

**After receiving all signatures, return the form to the Registration and Records Office.**