



**Enrollment Center**  
 Administration Building, Room 202  
 1234 Columbus Ave, Roxbury Crossing, MA 02120  
 Tel: 857-701-1200 | Fax: 617-427-5316  
 Email: Registrars.Office@rcc.mass.edu

## CHANGE OF GRADE FORM

STUDENT I.D. #:

STUDENT FIRST NAME: \_\_\_\_\_

STUDENT LAST NAME: \_\_\_\_\_

COURSE NUMBER:       SECTION:

TERM: FALL SPRING SUMMER (Circle One) YEAR: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

FACULTY NAME: \_\_\_\_\_

FACULTY DEPARTMENT: \_\_\_\_\_

PLEASE EXPLAIN THE REASON FOR REQUESTED CHANGE:

**RCC Policy:** Generally, once a student receives a letter grade as a final course grade, no grade changes are made. In the event that the instructor determines that a final course grade change is warranted, this must be done by the end of the ninth week of the following semester (excluding summer). The deadline for submitting a change of grade requested for a letter grade will be the same for changing an incomplete grade to a course grade. The Registrar's office will not accept any grade changes after this deadline.

THE GRADE ASSIGNED WAS: \_\_\_\_\_ IT SHOULD BE: \_\_\_\_\_

FACULTY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Do not type)

AVP/DEAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRAR'S OFFICE USE ONLY		
CHANGED RECORDED BY _____	REGISTRAR SIGNATURE _____	DATE _____