



MISSISSIPPI DELTA
COMMUNITY COLLEGE
CHANGE OF GRADE

Student

ID Number

Course Title & Number

CRN Number

Semester

Year

Final grade is to be changed:

From

To

Comments:

Instructor

Date

Approved by:

Division Chair/Dean (if applicable)

Date

VP of Instruction

Date

After signatures have been obtained, the Office of the Vice President of Instruction will forward the original form to the Admissions Office.

Copies will be sent to:

_____ Instructor

_____ Division Chair