

1. I am requesting that a change of grade be recorded for:

Student Name: _____

First Middle Last BVU ID#

for my class: _____

Department Number Course Title Credit Hours

2.

Site: Carroll Council Bluffs Creston Denison Emmetsburg Estherville

 Fort Dodge Iowa Falls Le Mars Marshalltown Mason City Newton

 Online Ottumwa Spencer Spirit Lake West Burlington GRAD

Term: _____ Year: _____ From: _____ to _____

original grade new grade

3.

For the following reason(s), may continue on back:

4.

_____ Date: _____

1. Instructor (PLEASE PRINT)

_____ Date: _____

2. Instructor (PLEASE SIGN)

Sent to Registrar's Office for permanent file - Date: _____

Please return this form to the Regional Director.
If the director is unknown, return to the Registrar's Office.
 BVU, Registrar's Office, 610 W. Fourth Street, Box 2009, Storm Lake, IA
 50588 regoffice@bvu.edu ▪ 712.749.2233 ▪ Fax: 712.749.1466