HELLENIC COLLEGE AND HOLY CROSS
GREEK ORTHODOX SCHOOL OF THEOLOGY
GRADE CHANGE FORM

Date: _____________________

Student’s Name: ______________________________ I.D. Number: _______________

Attending:  □ Hellenic College    Major: ______________________________
            □ Holy Cross        Program: ______________________________

Course Number: ________ - ________

Course Title: ___________________________________________________________

Course Taken:  □ Fall    □ Spring    □ Summer Session    Year: _______

Original Grade: _______

New Grade: _______

Reason for Change:  □ Final Exam Taken Late
                    □ Course Work Submitted Late
                    □ Error in Recording
                    □ Other (Please Explain Below)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

______________________         ______________
Faculty’s Signature            Date

Registrar’s Office
Received
Date: ________________

Entered
Date: ________________

Faculty’s Signature
Date