



College NOW GRADE CHANGE FORM

Please type or print.

STUDENT'S LEGAL NAME _____
Last First Middle

TODAY'S DATE _____ STUDENT'S COCC ID NUMBER _____

NAME OF HIGH SCHOOL _____ TEACHER _____

COCC Course Number	COCC Course Title	COCC CRN	COCC Term and Year	Credits	Previous Grade	New Grade

REASON FOR CHANGE:

REMOVAL OF INCOMPLETE

OMITTED GRADE – JUSTIFICATION/EXPLANATION _____

CHANGE OF GRADE – JUSTIFICATION/EXPLANATION _____

INSTRUCTOR'S SIGNATURE _____
MUST BE SIGNED BY INSTRUCTOR WHO ISSUED ORIGINAL GRADE

COCC MENTOR'S SIGNATURE _____

Mail, fax, or e-mail completed form to:
College Now Office
Central Oregon Community College
2600 NW College Way
Bend, OR 97703

collegenow@cocc.edu
541-504-2930 (phone)
541-317-3071 (fax)

For COCC Office Use Only:

Date Received: _____

Entered permanent record: _____

INITIALS

DATE