



GRADE CHANGE FORM

VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704
Fax: 540-857-6102

Student's Name _____

Empl ID _____

Subject (i.e., ENG 111) _____

Section # _____

Semester / Year Taken _____

Change grade from: _____ to _____

Last Date of Attendance for W grade: _____

Reason for grade change: _____

Instructor Signature

Date

Division Dean

Registrar

Processed by: _____ Date: _____