

GRADE CHANGE FORM

2000 College Dr. Madisonville, KY 42431 Telephone: (270) 821-2250 Fax: (270) 824-1866 madisonville.kctcs.edu

Name:		
First	Middle	Last
Social Security Number:		
Course:		
Dept . Course No.	Course Title	Section
Semester/Year:		Credits:
Grade Changed From:	to	
Reason for Change:		
Approved:		
Faculty Signature		 Date

Revised 5/2010

