Office of Admissions/Registrar
3800 Charco Road
Beeville, TX 78102

Coastal Bend COLLEGE

Telephone: (361) 354-2245
Fax: (361) 354-2254
admissions@coastalbend.edu

Grade Change Form

Semester _____ Year _____

Student Name _____

Social Security Number: _____-_____-_____ or CBC ID # _____-_____-_____

Course _____ Section _____ Flex Course ☐ Yes ☐ No

Change grade from _____ to _____

Date _____ _____
Instructor Signature

_____
Dean Signature

Reason for Change _____

_____

_____

For Office Use Only

Date Processed _____

Signature_____

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.