



LONG BEACH  
CITY COLLEGE  
ADMISSIONS AND RECORDS

# APPEAL OF GRADE CHANGE DENIAL

**IMPORTANT:** Please read all directions and fill out the form carefully. Review all your information to make sure that it is correct before submitting to the Admissions and Records office. **Appeals are only initiated AFTER THE GRADE CHANGE REQUEST has been denied. Documentation required. (Typed explanation and documentation that aids your case)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 STUDENT ID#: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

I received a grade of \_\_\_\_\_ in Course (Course Title i.e. COUNS 1) \_\_\_\_\_, but I believe I earned a grade of \_\_\_\_\_ .  
 INSTRUCTOR NAME: \_\_\_\_\_

SEMESTER:    FALL         WINTER         SPRING         SUMMER.    YEAR: \_\_\_\_\_

**A written explanation stating basis for appeal with supporting documentation is required.**

*Per EDUCATION CODE SECTION 76224 states: Grades assigned by the instructor shall be final in absence of: mistake, fraud, bad faith or incompetence.*

*I declare under penalty of perjury that I have reviewed and understood all the information on this form as well as affirm that all information is true and correct.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMMITTEE RESPONSE**

APPROVED  Grade changed to: \_\_\_\_\_ DENIED  DATE: \_\_\_\_\_

Basis for Decision: \_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_

COMMITTEE MEMBER

\_\_\_\_\_

COMMITTEE MEMBER

\_\_\_\_\_

COMMITTEE MEMBER

\_\_\_\_\_

REGISTRAR

**OFFICE USE ONLY**

Committee Meeting notification to student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Appeal response to student via:  E-mail  Mail      DATE: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_