

# GRADE CHANGE REQUEST

**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. **Requests are accepted within two (2) years after grade was earned.**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Grade Received: \_\_\_\_\_ Grade Requested (i.e. A, B, C, D, F, EW): \_\_\_\_\_

CLASS NO. (i.e. 70783): \_\_\_\_\_ Course (Name i.e. COUNS 1): \_\_\_\_\_ INSTRUCTOR'S NAME: \_\_\_\_\_

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

**READ:** Reason for requesting a Grade Change must be in accordance with *Education Code Section 76224: Grades assigned by the instructor shall be final in the absence of: mistake, fraud, bad faith or incompetence (LBCC Administrative Procedure 4231).*

**Required:** typed explanation and supporting documentation must be attached to this request, if applicable.

**Reason for Grade Change Request:**

MISTAKE  FRAUD  BAD FAITH  INCOMPETENCE

EXTENUATING CIRCUMSTANCE

**NS (No Show) or NA (Not Active) may not be requested, unless gross misconduct by the faculty member is alleged. (Title 5, Division 6, Section 55025 C and D Education Code Section 76323).**

I am alleging gross misconduct by the faculty member and request an "NS" (No Show)

*I declare under penalty of perjury that all information on this form is true and correct.*

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

DATE: \_\_\_\_\_

## INSTRUCTOR RESPONSE REQUIRED

**NS (No Show) may not be requested, unless gross misconduct by the faculty member, is alleged. (Title 5, Division 6, Section 55025 C and D & Education Code Section 76323.)**

The final grade is: \_\_\_\_\_  DENIED

REASON: \_\_\_\_\_

## SIGNATURES:

\_\_\_\_\_  
INSTRUCTOR

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
DEAN OF SCHOOL

*To Committee (if faculty member is no longer employed by LBCC):*

\_\_\_\_\_  
COMMITTEE MEMBER

\_\_\_\_\_  
COMMITTEE MEMBER

\_\_\_\_\_  
COMMITTEE MEMBER

\_\_\_\_\_  
DEAN ADMISSIONS & RECORDS

## OFFICE USE ONLY

To Department: \_\_\_\_\_

Student Notified via:  E-mail  Mail

DATE: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_