LONG BEACH CITY COLLEGE
ADMISSIONS AND RECORDS

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. Documentation required.**

LAST NAME: _____ FIRST NAME: _____ MI: ____ STUDENT ID#: _____

EMAIL: _____ PHONE: _____

I received a grade of _____ in Course (Name i.e. COUNS 1) _____ , but I believe I earned a grade of _____ .

CLASS NO. (i.e. 70783): _____ UNITS: _____ INSTRUCTOR 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. One or more of the four reasons must be stated for the request to proceed (LBCC Administrative Regulation 4003.)* **Required: typed explanation and supporting documentation must be attached to this request.**

Reason for *Grade Change Request*: ☐ MISTAKE ☐ FRAUD ☐ BAD FAITH ☐ INCOMPETENCE

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: _____