



LONG BEACH CITY COLLEGE REQUEST FOR CHANGE OF GRADE

Date Name: Last First MI Student ID #

Address: _____
Number Street City State Zip

The requested grade change is from _____ to _____ for _____
Course Title/No. Term Year

(Unless gross misconduct is alleged "NS" may not be requested - Yes No)

Class # _____ Units _____ Instructor Name (Print) _____

Phone: _____ E-Mail Address: _____

Student's reason for requesting a grade change; the reason 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.

Circle one or more: mistake - fraud - bad faith - incompetence

Please attach explanation to this request or use the reverse side of this form.

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TO BE COMPLETED BY INSTRUCTOR / GRADE REVIEW COMMITTEE
Unless gross misconduct by the faculty member is alleged, "NS" may not be requested
(Title 5, Division 6, Section 55025 C and D and Education Code Section 76323)

The grade is to (check one) _____ remain unchanged _____ be changed to [_____]

Reason _____

SIGNATURES:

INSTRUCTOR DEPARTMENT HEAD DEAN OF SCHOOL

To committee if necessary (if the faculty member is no longer employed by LBCC)

Committee Member Committee Member Committee Member Dean of A&R