

GRADE CHANGE REQUEST

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

CRN: _____ Course: _____ Section: _____

Credits: _____ Course title: _____

Class Initially Taken (Indicate semester & year):

Spring 20_____ Summer 20_____ Fall 20_____

Please check grade originally ISSUED:

<input type="checkbox"/> A	<input type="checkbox"/> CR	<input type="checkbox"/> S/C
<input type="checkbox"/> B	<input type="checkbox"/> NC	<input type="checkbox"/> U/D
<input type="checkbox"/> C	<input type="checkbox"/> W	<input type="checkbox"/> U/F
<input type="checkbox"/> D	<input type="checkbox"/> Missing	<input type="checkbox"/> S
<input type="checkbox"/> F	<input type="checkbox"/> IP	<input type="checkbox"/> U
<input type="checkbox"/> SP	<input type="checkbox"/> S/A	
<input type="checkbox"/> I	<input type="checkbox"/> S/B	

Class Completed (Indicate semester & year):

Spring 20_____ Summer 20_____ Fall 20_____

Please check FINAL grade:

<input type="checkbox"/> A	<input type="checkbox"/> SP	<input type="checkbox"/> S/C
<input type="checkbox"/> B	<input type="checkbox"/> I	<input type="checkbox"/> U/D
<input type="checkbox"/> C	<input type="checkbox"/> IP	<input type="checkbox"/> U/F
<input type="checkbox"/> D	<input type="checkbox"/> S/A	<input type="checkbox"/> S
<input type="checkbox"/> F	<input type="checkbox"/> S/B	<input type="checkbox"/> U

Rationale or Explanation for the Grade Change:



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Instructor Name (Print): _____ Date: _____

Signature: _____

Dept. Chair Name (Print): _____ Date: _____

Signature: _____

Dean Name (Print): _____ Date: _____

Signature: _____

VP/Provost Name (Print): _____ Date: _____

Signature: _____

VP/Provost signature only required when policy is not followed

Internal use only:

Received by: _____ Date: _____

Processed by: _____ Date: _____