Notice of Grade Change

Please change the grade of ________________________________________________

Name ________________________________________________________________

LSCS ID# _____________________________________________________________

From _______ To _______ In ____________________________________________

Course ___________ Number ___________ Section ____________

Student was enrolled in this course during ________________________________

Semester ___________ Year ____________

Reason(s) for Change:

☐ “I” to Grade

☐ Instructor error

☐ Re-evaluated work at student’s request

☐ Reinstatement

☐ Other ________________________________

____________________________________________________________________

Instructor Signature __________________ Date ____________

Division Head Signature __________________ Date ____________

Designated College Official __________________ Date ____________

For Office Use Only

Change completed __________________ Date ____________

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10/08