CHANGE GRADE REQUEST FORM

TO: ADMISSIONS & RECORDS

You are authorized to change the grade of ____________________________ / ____________________________

Student Name / ID #

/ ____________________________ / ____________________________

Section Number / Course Title

Year _________________
(Write in year)

Term _________ Summer _________ Fall _________ Spring
(Mark one term)

Change Grade from ____________________________ to ____________________________

I have reviewed the student’s record and certify the following reason for change of grade: ____________________________

Instructor’s Signature ____________________________ Date ____________________________

EDUCATION CODE 76224(a) GRADES

When grades are given for any course of instruction taught in Community College District, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student's grade by the instructors, in the absence of mistake, fraud, bad faith, or incompetency, shall be final.