



LOUISIANA TECHNICAL COMMUNITY COLLEGE

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|------------------------|-----------------------|
| Policy Name: | Grade Changes Request |
| Policy Number: | 1.149a |
| Effective Date: | July 24, 2019 |
| Date of Last Revision: | July 24, 2019 |
| Functional Area: | Academic Affairs |

Grade Change Request

Student Name: _____ Banner ID: _____

Social Security Number: _____ Campus: _____

Program Major: _____ Student Phone: _____

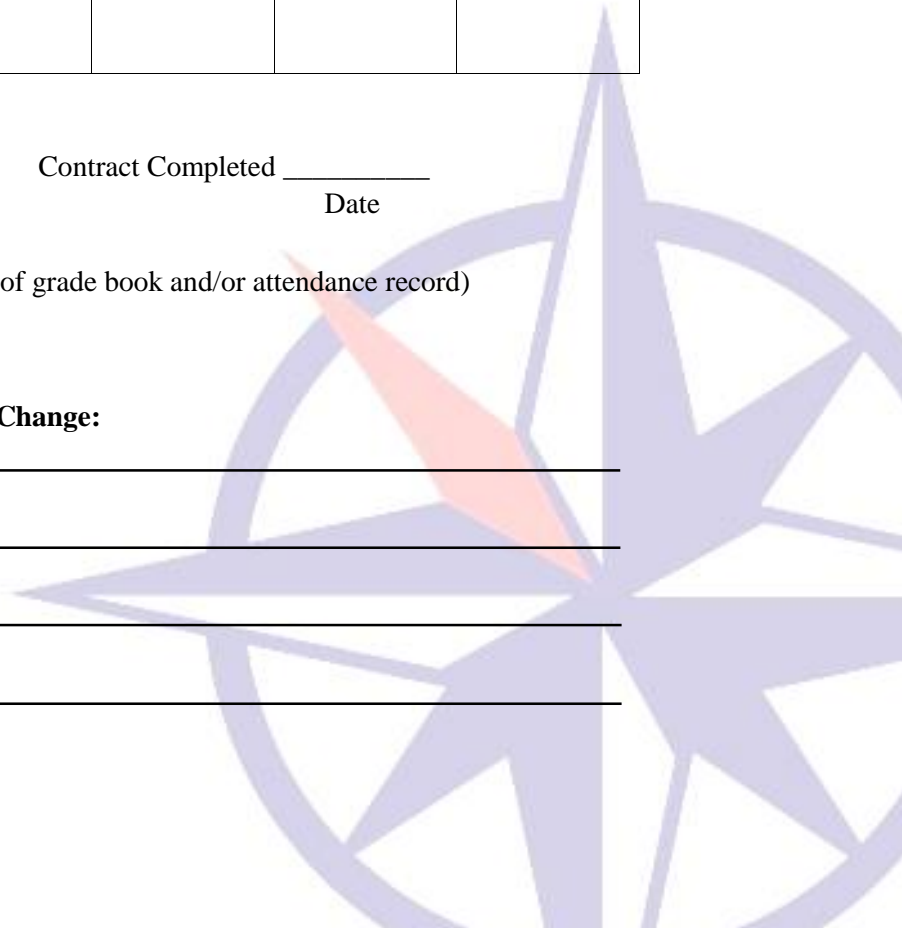
Address: _____ City/State/Zip: _____

| Semester | Year | Course Number | Section | Credit Hours | Grade | Change Grade To |
|----------|------|---------------|---------|--------------|-------|-----------------|
| | | | | | | |

_____ Removal of Incomplete ("I") Contract Completed _____
Date

_____ Correction of Grade (Attach copy of grade book and/or attendance record)

Explanation Required — Reason for Requesting Change:



Instructor Signature

Date

APPROVED:

Department Head Signature

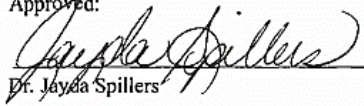
Date

RECEIVED:

Registrar

Date

Approved:



Dr. Jayda Spillers

Chancellor

