NORTHWEST
LOUISIANA TECHNICAL COLLEGE

Policy No.IS100.18
GRADE CHANGE REQUEST

Student Name: _____

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