NORTHWEST
LOUISIANA TECHNICAL COLLEGE

IS100.18

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