

Grade Change Form

Student Name _____ Student ID/SSN _____

Course (Subject, Number, Section) _____

Grade of _____ Changed to _____ / _____
Year Semester

By signing this document, I approve the grade change noted above.

Instructor of Record

Date

500 8th Avenue, RCH 108

www.lcsc.edu/registrar

208.792.2223

registrar@lcsc.edu

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