**Grade Change Request**

**Student Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Social Security Number:**

Louisiana

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Parish</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Course Abbreviation and Number</th>
<th>Section</th>
<th>Credit Hours</th>
<th>Grade From</th>
<th>Grade To</th>
</tr>
</thead>
</table>

- **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:

______________________________

______________________________

**APPROVED:**

Instructor Date

Vice Chancellor of Student Learning Date Campus Administrator Date

**RECEIVED:**

Registrar/Campus Assistant Registrar Date

- Documentation to substantiate changes must be maintained in the student’s academic file in the records office.
- Distribution: Registrar; Division; Student

**Office Use:** Student Records

Grade Entry Completed:

By Initial Date