Grade Change Petition

Student’s Last Name __________________________ First Name __________________________ M.I. __________________________ Lamar Student I.D. # __________________________

Course Prefix __________ Course # __________ Section # __________ Semester/Session & Year __________

Original Grade Assigned: __________ Changed to: __________ Date Initiated: __________

Was original grade issued by Records due to missing grade deadline? __________ If yes, neither Dean’s nor SrAP’s signature is required. Send to Records. (Goes to dean if chair is instructor.)

Grade of “F” Needs Last Attendance Date: __________

Reason for Change: __________

Instructor Signature __________________________ Department Chair Signature __________________________

Dean/Director of College Readiness Signature __________________________

Senior Associate Provost Signature (Except for Changes from Incompletes) __________________________

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

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