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: ______

Reason for Change: _____________________________________________________________

Instructor’s Signature ___________________ Department Chair’s Signature ___________________ Dean’s Signature (or Director of Developmental Studies) ___________________

Senior Associate Provost’s 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.

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: ______

Reason for Change: _____________________________________________________________

Instructor’s Signature ___________________ Department Chair’s Signature ___________________ Dean’s Signature (or Director of Developmental Studies) ___________________

Senior Associate Provost’s 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.

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: ______

Reason for Change: _____________________________________________________________

Instructor’s Signature ___________________ Department Chair’s Signature ___________________ Dean’s Signature (or Director of Developmental Studies) ___________________

Senior Associate Provost’s 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.