

LUZERNE COUNTY COMMUNITY COLLEGE

• Public Safety Training Institute •

REQUEST FOR CHANGE OF FINAL GRADE

A request for the change of final grade must be filled out and signed by the instructor and submitted to the Dean, Public Safety Training. Please note: No request for final grade change will be permitted if more than two (2) months have elapsed since the date the student was first informed of his/her grade in the course.

Student's Name _____

Social Security or Student ID Number _____

Course Name & Number _____

Semester (Spring or Fall) _____ Year _____

I agree to change the grade from _____ to _____

Reason for Change _____

Date _____ Instructor's Signature _____

Approved by Dean, Public Safety Training _____

Recorded in Datatel on: _____

By _____