

Last Name First Name Middle Initial

Student ID Number

## PETITION FOR GRADE CHANGE - REPORT OF MAKE-UP OF INCOMPLETE

A grade of Incomplete will not be changed after a degree or credential has been awarded. See the bulletin for details. An Incomplete must be completed within one calendar year immediately following the end of the term in which it was assigned. If there are extenuating circumstances and the one year limit has not passed, the student may request an extension of the one-year limit through a Petition for Waiver of College Regulations. **Petitions must be delivered to the Registrar's Office at One Stop Student Services Center, SSB 101 by staff members only. Petitions will not be accepted by students.**

 **REPORT OF MAKE-UP OF INCOMPLETE**

Requires action by Instructor and Department Chair.

 **PETITION FOR GRADE CHANGE**Requires action by Instructor and Department Chair. Most grade changes can be done on Web Grades. **Note: If request includes grading option change please use [Waiver of College Regulations](#) petition instead of this form.**

Dept. &amp; Course #: \_\_\_\_\_ Class Number: \_\_\_\_\_ Term/Year course taken: \_\_\_\_\_

Units: \_\_\_\_\_ Course Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Student's reason for requesting a grade change:

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### ACTION BY INSTRUCTOR:

Previous Grade: \_\_\_\_\_ Date work submitted to instructor: \_\_\_\_\_

New Grade  Plus  
 Minus  
 Neither **Approved**  **Denied****Reason Approved or Denied:**

Instructor Name: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ACTION BY DEPARTMENT CHAIR:

 **Approved**  **Denied****Reason Approved or Denied:**

Dept. Chair Name: \_\_\_\_\_ Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Registrar's Office Use Only*

New Grade

Previous Grade

Date Recorded MMDDYY

**IF GRADE CHANGE REQUEST ALSO INCLUDES A GRADING OPTION CHANGE  
PLEASE REFER TO THE [WAIVER OF COLLEGE REGULATIONS PETITION](#)**