

STUDENT GRADE CHANGE REQUEST FORM

Name:		Student ID:
Email:		Phone:
either S later tha	m is intended to address student concerns regarding the final pokane Community College or Spokane Falls Community Coll in the <u>tenth instructional day</u> of the quarter following the quarter quarter).	ege. This process must be initiated no
Student	s should have completed the following steps before initiating a	grade change request:
	Student is enrolled at either SCC or SFCC.	
	Student has communicated their concern to the instructor that not been resolved. This form is being initiated no later than the tenth instructional	•
	course that is being appealed (excluding summer quarter).	day of the quarter following the graded
Course	Taken:	Instructor Name:
Quarter	Taken: Fall Winter Spring Summer Year	:Grade Received:
Explana	tion of concern and basis of grade change request:	
	Extraordinary Circumstance: Please check this box if there is grade change is being sought, or an extraordinary circumstan from initiating this request prior to the tenth instructional day of that is being appealed.	ce exists that has prevented the student
Explana	tion of Extraordinary Circumstance:	
Student	Signature:	Date:

Once completed, this form is to be turned in to the Division Dean for the course grade being challenged. Students will receive written notification describing the outcome of their petition, i.e., approved or denied.

FOR OFFICE USE ONLY		
Grade Change Request: Granted Denied	Final Grade Assigned	
Dean's Signature:	Date:	
Dean's Signature:	Date:	

Appeals of Dean's decision should include a copy of the decision notification and be submitted to the Chief Academic Officer for the appropriate campus, as outlined in the Grades Procedure 4.40.01 A. The student will receive written notice of the outcome of their petition, i.e., approved or denied.

CCS 40-338 (07/18) Marketing and Public Relations