LAKEVIEW COLLEGE OF NURSING
Grade Change Form

STUDENT SECTION

NAME: ____

SS/ID#: _______________________

YEAR: ______________ TERM: ___Fall ___Spring ___Summer

Course #: ______________ Instructor Name: ___________________________

_____________ ___________________________________
Date Signature of Student

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INSTRUCTOR SECTION

GRADE CHANGED FROM: _______ GRADE CHANGED TO: _____

REASON FOR GRADE CHANGE: ______________________________________

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Date Signature of Instructor

Distribute copies to:

1. Course Coordinator
2. Dean of Nursing
3. Registrar
4. Student