

LINCOLN UNIVERSITY

PETITION FOR CHANGE OF GRADE

STUDENT NAME:

Last / Family Name	First / Given	Middle
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STUDENT ID: _____ ACADEMIC TERM: _____
Fall / Spring / Summer, Year

COURSE NUMBER: _____ COURSE TITLE: _____

INSTRUCTOR NAME: _____

PREVIOUS GRADE: _____ GRADE CHANGED TO: _____

This petition is made by:

- Course Instructor
- Committee Chairman

Explanation:

Work has been submitted to replace a previous incomplete ("I") grade.

Other: _____

Comments / Remarks: _____

Instructor / Committee Chairman's Signature: _____ Date: _____

THE UNIVERSITY USE ONLY

Comments / Remarks: _____

Approved by Registrar or Provost: _____ Date: _____