Lincoln Aniversity



PETITION FOR CHANGE OF GRADE

Ref: R/PCG

STUDENT NAME:					
Last / Family Name	First / Given			Middle	
STUDENT ID:	ACADEMIC TERM:	Fall	Spring	Summer	Year
COURSE NUMBER:	COURSE TITLE:				
INSTRUCTOR NAME:					
PREVIOUS GRADE:	GRADE CHAI	NGED ⁻	то:		
This petition is made by:					
Student					
Course					
Instructor Explanation:					
Work has been submitted to	replace a previous incomp	olete ("I	") grade.		
Other:					
Student Signature/Print Name*: *If this petition is made by a course ir				:	
Comments / Remarks:					
Approved by the instructor:			Date	9:	
	THE UNIVERSITY USE O	ONLY			
Comments / Remarks:					
Approved by Registrar or Preside	nt:		Date	9:	