ACADEMIC RECORD CHANGE FORM
Office of Admissions and Records
3000 Mission College Blvd, Santa Clara, CA  95054

Student Name: ___________________________  ID#: __________________

Last  First
Semester / Year: Winter 20____  Spring 20_____  Summer 20____  Fall 20____

Course Name & Number: ___________________________  Section#: _____________

Instructor of Course (Print): ___________________________

ORIGINAL GRADE REPORTED  [ ]  CORRECTED GRADE  [ ]

Reason for change per Title 5, § 55025 (b) allowable reasons for grade change (mark one and EXPLAIN below):

☐ “Incomplete Grade” – student requirements have been completed.  (An “Incomplete grade” must be made up within one year following the end of the semester or term in which it was awarded).

☐ Instructor mistake
☐ Fraud
☐ Bad Faith
☐ Incompetency

Explaination: __________________________________________________________

Instructor’s Name (Print):_________________________  Phone #:______________  email:____________________

Instructor’s Signature:____________________________  Date:______________

If someone other than the course instructor is authorizing this change, please complete your information above.

☐ If an instructor is attempting to change a student’s grade to “ungraded” or “no-show,” a Dean’s approval is required.

Dean’s Name (Print):_________________________  Dean’s Signature:____________________  Date:_______

Revised 8/2011