LOUISIANA DELTA COMMUNITY COLLEGE

Division of Student Affairs· Department of Enrollment Services

Grade Change/Correction Form

Please Print or Type

Instructor Name: _____

Semester/Year: _____   Course Reference Number (CRN): _____

Subject/Course Number: _____   Course Title: _____

Please make the following grade change:

Student Name: _____

Banner ID Number: _____

Present Grade: _____   Changed/Corrected Grade: _____

If grade change is other that "I" grade, please indicate reason for change and provide supporting documentation.

_____

_____

_____

Instructor Signature: _____ Date: _____

Program Director (if applicable): _____ Date: _____

Campus Director (if applicable): _____ Date: _____

Division Chair (if applicable): _____ Date: _____

Registrar's Signature: _____ Date: _____