



INDEPENDENCE JUNIOR COLLEGE
Savannah Rd., Independence Village
Stann Creek District
Tel: 523-2566 ♦ Fax: 523-2220

Application for a Grade Change

STUDENT (PRINT NAME)	Last	First	Middle
COURSE TITLE		COURSE CODE	SECTION #

LECTURER (PRINT NAME)	Last	First	
Semester / Term: <i>(e.g. Jan - May)</i>		Academic Year: <i>(e.g. 2006 - 2007)</i>	

FIRST GRADE	FINAL GRADE
--------------------	--------------------

REASON (S) FOR REQUESTING A GRADE CHANGE

** NOTE: All documentation necessary showing evidence of final grade calculation must be submitted along with this form. The lecturer must complete form completely then submit to the Dean.

Lecturer's Signature

Date: _____

Dean/Assistant Dean's Signature

Date: _____