Los Angeles Southwest College

PETITION FOR REVIEW OF GRADE

TO THE STUDENT:

Please submit the completed form to the Admissions & Records Office.

Student's Name:_____
LAST FIRST MIDDLE INITIAL

Social Security No.: _____ - _____ - _____

Semester/Year	Section No.	Course Name/No.	Instructor	Grade Received

I believe that a mistake has been made in the assignment of the grade in the class listed above. (Please describe the situation in the space provided.)

***NOTE: PETITIONS FOR REVIEW OF GRADE MUST BE SUBMITTED WITHIN ONE (1) YEAR AFTER THE GRADE WAS AWARDED. NO PETITIONS FOR GRADE CHANGES FOR GRADES ISSUED MORE THAN ONE (1) YEAR PRIOR WILL BE CONSIDERED.**

_____

_____

_____

(_____) _____ _____ _____
PHONE NO. SIGNATURE DATE

TO THE INSTRUCTOR:
(Please check one:)

☐ The above Grade is **correct**. Make no change (**Please return this Petition to the Office of Admissions & Records.)**

☐ Grade is **incorrect**. Please submit completed **Grade Change Request** or In-Lieu of Grade Card.

(Changes from an incomplete to a grade are to be made in the Admissions & Records Office.

_____ _____
INSTURCTOR'S SIGNATURE DATE

_____ _____
DEPARTMENT CHAIRPERSON'S SIGNATURE DATE