

## Grade Change Request Form

### Student Information

Name:		Student ID#:	
Program:		Plan:	
E-Mail Address:			

### Course Information

**Completed by Instructor (please print)**

Course Code (AAAA####)	Course Name	Class #	Term			Posted Mark	New Mark	First Day of Class	Last Day of Class
			Fall	Winter	Spring				

Please indicate if new mark is a Supplemental

### Approval (signed original or email from DH required)

Instructor		Date:	
Academic Chair/ Coordinating Instructor	<i>Dan Shannon</i>	Date:	

**"Important" - Submit by email to [SSRAcademic@nbcc.ca](mailto:SSRAcademic@nbcc.ca)**