

GRADE CHANGE REQUEST FORM

Email completed form to: melisa.hamilton@icci.edu.ky or drop off form at the Registrar's Office. Kindly attach a copy of your PICTURE ID as proof of identification.

Date:	Affected Quarter:
COURSE NAME/CODE:	
INSTRUCTOR'S NAME:	
STUDENT'S NAM	ME Old Grade New Grade
Reason for change:	
	ploaded in Populi and the new grade re-calculated** gn form as proof of notification**
Student's Signature & Date	Instructor's Signature & Date
Dean's Signature & Date	Registrar's Signature & Date