

GRADE CHANGE REPORT FORM

TO BE COMPLETED BY FACULTY	Student Name: Click here and enter your first name.					Student ID#: Type the student ID number.		
	Faculty Name: Click here and type faculty name.					Date: Click here and select a date.		
	Faculty Signature: Signature is not required if E-mailed from an EICCD E-mail account							
	Section	Catalog #	Course Name	Semester	Year	Original Grade	Requested Grade	Last Date of Attendance
	Section #	Catalog #	Click here and type course name.	Semester	Year	Grade	Grade	Date.
	Section #	Catalog #	Click here and type course name.	Semester	Year	Grade	Grade	Date.
	Section #	Catalog #	Click here and type course name.	Semester	Year	Grade	Grade	Date.
	Section #	Catalog #	Click here and type course name.	Semester	Year	Grade	Grade	Date.
<input type="checkbox"/>	Completed course requirements.		<input type="checkbox"/>	Instructor error.				
<input type="checkbox"/>	Did not complete course requirements.		<input type="checkbox"/>	Other:Click here to enter text.				
TO BE COMPLETED BY REGISTRATION								
POST TO PERMANENT RECORD								
Date	Click here to choose today's date.		Signature					

Please save this document and attach it to an E-mail addressed to the registrar's office.

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