



# LIGHTHOUSE CHRISTIAN COLLEGE

## Grade Change Form

Office of the Registrar

StudentName: \_\_\_\_\_

☐ fall 20\_\_\_\_ ☐ spring 20\_\_\_\_ ☐ summer I 20\_\_\_\_ ☐ summer II 20\_\_\_\_

Course #:\_\_\_\_\_ Section #\_\_\_\_\_

Course title: \_\_\_\_\_

Instructor name: \_\_\_\_\_

**Posted Grade**

\_\_\_\_\_

**Change to (revised) Grade**

\_\_\_\_\_

\_\_\_\_\_  
*Instructor signature*

\_\_\_\_\_  
*date*

***Will not be accepted without a signature***

***Submit completed form to the Registrar's Office  
M.Magallanes@LighthouseCollege.us***

06/15/2024