

Dongguk University Los Angeles
440 Shatto Place, Los Angeles, CA 90020

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COURSE GRADE CHANGE REQUEST

Student Name:		Student ID:	
Date:	Quarter and Year:	_ Faculty :	
Program:	Program Language: □	English Korean	□ Chinese
Course Name:		_ Course Number	:
Reason:			
Conflict with	transfer credits previously taken	at former institution	
□ Incomplete (Grade		
□ Incorrect Grant	ade		
□ Others			
Please write in deta	ail:		
*Please	attach the supporting documents (ie: ex	vam naner assignments	etc)
i icase	attach the supporting documents (ie. ex	tam paper, assignments,	610)
	Student Signature	:	
	FOR OFFICE USE C	DNLY	
Grade Change:	☐ Granted (Grade before chang	e: Grade after	change:)
J	□ Not Granted		J,
Refund	□ Refund (Receipt #:)	
Instructor Name:	Signature:	Date	:
	lame:Signature		
Front Office Name:	Signature:	Date	:
Registrar	changed the student's grade on: (MM)_	/(DD)/(YY)_	