

# PIERCE COLLEGE

## ADMISSIONS & RECORDS

### REQUEST FOR REVIEW OF STUDENT RECORD

Name: \_\_\_\_\_ 88- \_\_\_\_\_  
 Last First Student ID No.

\_\_\_\_\_  
 Birthdate Student's Signature Date

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, SEE A COUNSELOR.

Please review/adjust my records for the item(s) checked below:

**Repeated Courses:** Only classes repeated within the Los Angeles Community College District are eligible.

a. \_\_\_\_\_ I have repeated a course in which I originally received a grade of "D" or "F". Please remove the original grade from my overall grade point average.

<u>Course Name &amp; Number</u>	<u>Sem/Yr First Taken</u>	<u>Sem/Yr Repeated</u>	<u>LACCD School Where Repeated</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. \_\_\_\_\_ I was placed on probation for \_\_\_\_\_ (Sem/Yr.) I feel this was an error. Please review my status.

List below any recent changes to your record that might affect your status.

\_\_\_\_\_

c. \_\_\_\_\_ I received a grade of "Incomplete" in the course listed below. I do not intend to make up the Incomplete and request that the default grade be assigned immediately. I wish to waive the one-year make-up period.

\_\_\_\_\_  
 Course Sem/Yr

d. \_\_\_\_\_ I believe that I qualify for Dean's/President's List Honors. Please review my records.

**PLEASE PRINT YOUR NAME AND MAILING ADDRESS ON THE BACK OF THIS FORM**

**FOR OFFICE USE ONLY**

The results of your request for student record review are as follows:

\_\_\_\_\_ Your academic record has been adjusted to reflect the class(es) you repeated. Your new cumulative grade point average is:

\_\_\_\_\_

\_\_\_\_\_ Your request to adjust your records to reflect a repeated class cannot be completed because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ You remain on probation for \_\_\_\_\_  
Sem/Yr

\_\_\_\_\_ You have been removed from probation for \_\_\_\_\_  
Sem/Yr

\_\_\_\_\_ A default grade of \_\_\_\_\_ has been assigned for \_\_\_\_\_  
Course

\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Record Reviewed By

**PLEASE PRINT YOUR NAME AND MAILING ADDRESS BELOW IN THE SPACE PROVIDED**

Name:  
Address:  
City/State/Zip:
