OFFICIAL GRADE CHANGE REPORT FORM

Please complete all spaces to assure prompt and accurate processing of this form.

☐ **College of Medicine**	**M.D./M.D.Ph.D.**
☐ **School of Rural Public Health**	**M.P.H./M.S.P.H./M.H.A./Ph.D/Dr.P.H./Certificate**
☐ **Graduate Studies**	**M.S./Ph.D**
☐ **College of Pharmacy**	**Pharm.D**
☐ **College of Nursing**	**B.S.N.**

Classification: Degree Seeking Non-Degree Seeking

Return completed form to your designated college.

_____ _____ _____ _____
Student Name UIN Class Concentration

This student was assigned a grade of _____ in _____ _____ _____
Course Name Course No. Section No.

_____ for _____ 20 _____.
Credit Hrs. Semester or Term

This grade should be changed to _____ for the following reason(s):

_____

_____

_____

_____ _____
Instructor's Signature Date Instructor's Dept. Head Signature Date

_____ _____
Instructor's Name (type or print) Date Associate/Assistant Dean's Signature* Date

_____
HSC Registrar's Signature Date

*****A grade change must have the approval & signature of the student's dean: (1) after one year or (2) anytime a grade is lowered.

Office Use Only:

Sent to REGR By: _____
Date Sent:_____
Alpha Grade Posted By:_____
Numeric Grade Posted By:_____ (COM only)

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.

Revised 07/28/2008
08/31/2010
12/06/2011