Student Information
Academic Program:

☐ DO ☐ MSMHS-COM ☐ Pharmacy ☐ MSMHS-COP ☐ Education ☐ Joint MSPAS/MPH ☐ Public Health ☐ Nursing

Name _______________________________ Class of _______ Student ID# ____________ (required)

Course Information

SEMESTER: ☐ SUMMER ☐ FALL ☐ SPRING YEAR ___________

Course Number ___________ Course Name __________________________________

CHECK THE APPROPRIATE BOX: ☐ Remediated Grade* ☐ Administrative Action

Change Grade From: _______________ to _______________

Initial Grade Final Grade

REASON FOR GRADE CHANGE (REQUIRED)

________________________________________________________

________________________________________________________

________________________________________________________

*PLEASE NOTE: REMEDIATED GRADES CAN ONLY BE CHANGED TO U/P AND ADMINISTRATIVE ACTIONS OVERRIDE THE PREVIOUSLY SUBMITTED GRADE. *

ALL GRADE CHANGE REQUESTS MUST BE APPROVED BY THE DEAN/PROGRAM DIRECTOR PRIOR TO SUBMISSION TO THE OFFICE OF THE REGISTRAR.

Name of Instructor (please print) ________________________________

Instructor Signature ________________________________ Date __________

Name of Dean/Program Director (please print) ________________________________

Dean/Program Director Signature ________________________________ Date __________

For Office Use Only:

Date Received _________________

Registrar Approval ______________________ Date Completed _______________ Processed By __________