

University of Arkansas for Medical Sciences

**Change of Grade Form**  
**Office of the University Registrar**

**Instructors:** Complete this form and submit to the Associate Dean for your College.

**Student Information**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID number \_\_\_\_\_

Course Prefix and Number: \_\_\_\_\_

Course Name (as listed in your college catalog): \_\_\_\_\_

Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year: \_\_\_\_\_

Change of grade from: \_\_\_\_\_ to \_\_\_\_\_  
Previous grade New grade

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**Reason for Grade Change:**

\_\_\_\_ Instructor Correction \_\_\_\_\_ Student Completed work for "Incomplete" (I)

\_\_\_\_ Student submitted late work \_\_\_\_\_ Instructor Entry Error

\_\_\_\_ Other (describe): \_\_\_\_\_

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Instructor's Name (print or type): \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair or Advisor: (print of type): \_\_\_\_\_

Signature of Department Chair or Advisor\*\*: \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*If the Department Chair/Advisor is also the Instructor, the second signature must be by the Associate Dean of the College instead.