Official Grade Change Report Form

Office of the Registrar
1501 Kings Hwy, Room 1-212
Shreveport, LA 71130
Phone: 318.675.5205
Fax: 318.675-5748
shvreg@lsuhsc.edu

Please complete all spaces to assure prompt and accurate processing of this form. This form is to be used to report any changes of a final grade including incomplete grades. Please submit the change directly to the Registrar's Office according to dates in the academic calendar per school. This form can be faxed to the Registrar' Office at 318-675-4758 or emailed to shvreg@lsuhsc.edu; however, the Registrar's Office must receive the original form with an instructor's signature. Please make a copy of the completed form for your own records. The Registrar's Office will inform the student of the grade change.

☐ School of Allied Health Professions BS/MPAS/MOT/DPT/MPH/MCD

☐ School of Graduate Studies MS/Ph.D.

☐ School of Medicine M.D.

_____ _____
Student Name Student ID #

This student was assigned a grade of _____ in _____ _____
Course Name **Course 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 printed) Date Dean/or designated representative's Signature* Date

_____
Registrar's Signature Date

**A grade change must have the approval & signature of the student's dean/or (designated representative - Associate Dean for Academic Affairs for Medicine or Associate Dean for Academic Affairs for Allied Health).*

For office use only

Date received: _____ Date Processed: _____ By _____ Date informed to the Student: _____