

# Official Grade Change Report Form



Office of the Registrar  
1501 Kings Hwy  
Shreveport, LA 71130  
[registrar@lsuhs.edu](mailto:registrar@lsuhs.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 [registrar@lsuhs.edu](mailto:registrar@lsuhs.edu). 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

School of Graduate Studies

School of Medicine

\_\_\_\_\_  
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 Name (type or printed)      Date

*For office use only*

Date received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ By \_\_\_\_\_ Date informed to the Student: \_\_\_\_\_