Official Grade Change Report Form

Office of the Registrar
1501 Kings Hwy
Shreveport, LA 71130
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. 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 #

_______________________________________
Instructor’s Signature                            Date

_______________________________________
Instructor’s Name (type or printed)      Date

This student was assigned a grade of _____ in __________________ __________________
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: __________

Updated 3/1/23