

Office of the University Registrar  
Change of Grade/Removal of Incomplete

Date: \_\_\_\_\_ NUID Number: \_\_\_\_\_

Student's Name  
Last First Middle

CHANGE OF GRADE: The above student has a change of grade from \_\_\_\_\_ to \_\_\_\_\_ in \_\_\_\_\_ Dept. & Course #  
\_\_\_\_\_ incurred in the \_\_\_\_\_ semester of \_\_\_\_\_ and is entitled to \_\_\_\_\_ credit hours.  
Fall, Spring, Summer Year

SIGNED \_\_\_\_\_  
(Instructor)

SIGNED \_\_\_\_\_  
(Dean) (not required for undergraduate classes)