

# University of Arkansas for Medical Sciences

## Change of Grade Form Office of the University Registrar

**Instructors:** Complete this form and submit to the Office of the University Registrar:  
[registrar@uams.edu](mailto:registrar@uams.edu).

### 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 the Associate Dean of the College.