

# Nebraska Methodist College of Nursing and Allied Health

## Registrar's Office

### Change of Grade Notice

DATE: \_\_\_\_\_

#### INSTRUCTIONS:

The Change of Grade Notice is initiated by the instructor when a change of grade is necessary. The instructor signs the form, then forwards to the instructor's Program Director or Dean for a signature. The form is then sent to the Registrar's Office for processing.

Following appropriate processing, confirmation copies are forwarded to the student's Program Director and the Instructor.

#### STUDENT IDENTIFICATION

\_\_\_\_\_  
Name: Last, First, Middle

#### COURSE IDENTIFICATION

Course Prefix	Course Number	Course Title	Credit Hours	Semester/Year Taken
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Grade is changed from: \_\_\_\_\_ to: \_\_\_\_\_  
Reason(s): \_\_\_\_\_

#### AUTHENTICATION SIGNATURES

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Instructor's Program Director or Dean

#### REGISTRAR'S OFFICE USE ONLY

\_\_\_\_\_  
Date Posted to SIS

/\_\_\_\_\_  
Initials