

Office of Medical Student Affairs

GRADE CHANGE FORM
(Grade changes submitted by students will NOT be accepted.)

Student Name:	Banner ID #:
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Reason for Change: Please check appropriate box.

<input type="checkbox"/> Grade Change Student successfully passed shelf re-test Original Grade: FAIL Final Grade: SATISFACTORY Date of Re-Test:	<input type="checkbox"/> Removal of Incomplete Student completed necessary coursework/exams Original Grade: INCOMPLETE Final Grade: <ul style="list-style-type: none"> <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fail Final Numerical Grade:
Comments, if needed:	

Course Information

Course Name:	<input type="checkbox"/> Phase II <input type="checkbox"/> Phase III
Term student originally took course:	<input type="checkbox"/> Spring (January-June) <input type="checkbox"/> Fall (July-December)
Clerkship Director Name:	
Clerkship Director Signature:	
Date:	

OMSA Use Only			
CRN:	<input type="checkbox"/> DB	<input type="checkbox"/> One45	<input type="checkbox"/> INB