

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.

Student Information

First Name: _____ M.I.: _____ LastName: _____

Workday ID number _____

Course Prefix: _____

Course Number: _____ Section Number _____

Course Name (as listed in your college catalog): _____

Semester: _____ Fall _____ Spring _____ Summer Year: _____

Change of grade from: _____ to _____
Previous grade New grade

Reason for Grade Change:

_____ Instructor Correction _____ Student Completed work for "Incomplete" (I)

_____ Student submitted late work _____ Instructor Entry Error

_____ Other (describe): _____

Instructor's Name (print or type): _____

Instructor's Signature: _____ Date: _____

Department Chair or Advisor: (print of type): _____

Signature of Department Chair or Advisor**: _____ Date: _____

**If the Department Chair/Advisor is also the Instructor, the second signature must be the Associate Dean of the College.