Faculty Request for Grade Change

Upon completion, submit this form to the Office of the Registrar at registrar.health@ou.edu

STUDENT INFORMATION

Student's Name (Last, First, Middle) _____ Student ID _____

Enrollment Semester _____ Enrollment Year _____

College _____ Program _____

COURSE INFORMATION

Class Nbr (5 digits)	Subject	Catalog # (4 digits)	Section # (3 digits)	Total Hours/ Units	Course Title	Instructor Signature	Original Letter Grade	New Letter Grade	Remove "I" statement from transcript
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Reason for grade change:

- ○ Data Entry Error
- ○ Grade Miscalculation Error
- ○ Completed Didactic Requirements
- ○ Completed Required Patient Contact Hours
- ○ Completed Practicum/Clinical Requirements
- ○ Completed Course Remediation
- ○ Repeated Course Assignment(s) or Exam(s)
- ○ Other:

Other Grade Change Reason _____

AUTHORIZATION

Instructor Signature _____ Date _____ ○ Approved ○ Denied

Department Chair Signature (if required) _____ Date _____ ○ Approved ○ Denied

College Dean Signature _____ Date _____ ○ Approved ○ Denied

Graduate College Dean Signature (if required) _____ Date _____ ○ Approved ○ Denied

Registrar (if more than one year has passed) _____ Date _____ ○ Approved ○ Denied

ADMINISTRATIVE USE ONLY

Processed By _____ Date _____ Comments _____