Official Grade Change Report Form

Office of the Registrar 1501 Kings Hwy Shreveport, LA 71130 Phone: 318.675.5205



Fax: 318.675-5748 registrar@lsuhs.edu

Please complete all spaces to assure prompt and accurate processing of this form. This form is to be used to report any changes of a final grade including incomplete grades. Please submit the change directly to the Registrar's Office according to dates in the academic calendar per school. This form can be faxed to the Registrar' Office at 318-675-4758 or emailed to registrar@lsuhs.edu. Please make a copy of the completed form for your own records. The Registrar's Office will inform the student of the grade change.

School of Allied Health Profession	าร				
School of Graduate Studies					
School of Medicine					
Student Name	<u>-</u>	Student ID #			
	20 o for the fol	llowing reason(s):			
Instructor's Signature Instructor's Name (type or printed)	Date				
For office use only Date received: Date Processed: By Date informed to the Student:					
Date received:	Date Processed:		Ву	_ Date informed to the Student:	

Updated 3/1/23