



Charles R. Drew University of Medicine and Science • Office of Registration & Records
1731 East 120th Street, Los Angeles, CA 90059 Phone: (323) 563-4838 Fax: (323) 563-4837

CHANGE OF GRADE FORM

Changes in recorded grades must be initiated by the instructor in conjunction with the Program Director/MMDSON Director of Student Affairs. This form may be utilized to address grade changes in accordance with the policies contained within the CDU catalog.

*This form is to be submitted **only** by the instructor or Program Director/MMDSON Director of Student Affairs.*

Student ID: _____ Date: _____

Last Name: _____ First: _____ MI: _____

Email: _____ Telephone: _____

Program: _____ Instructor: _____

Course Number: _____ Course Name: _____

Semester and year in which grade was issued: Fall Spring Summer 20_____

Change grade from _____ to _____

Explanation for grade change: _____

If Grade Change Due to *Incomplete* or *SP*, date work completed. _____ 20 _____

Required Signatures:

Instructor Date: _____

Program Dir./MMDSON Dir. of Student Affairs Date: _____

Registrar Date: _____