

OFFICE OF THE REGISTRAR



# INCOMPLETE GRADE CHANGE REPORT FORM

<u>Student's Name</u>  _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____
Last                      First                      M.I.	
<u>CRN, Department, Course #, &amp; Section #</u>  _____	<u>New Grade</u>  _____
<u>Professor's Signature</u>  _____	<u>Date</u>  _____

<b>Registrar's Office Use Only</b>	
Student ID#: _____	Date: _____
SHATERM previous term GPA: _____	
SHAINST previous cum GPA: _____	Changed: _____