

CHANGE OF GRADE FORM

Today's Date: _____

Name of Student: _____

GW ID Number: _____

Course Name: _____

Dept/Course Number: _____ Course Dates: _____

Who initiated this grade change? _____ Student _____ Other
Please specify: _____

Is this grade being changed as a result of a grade appeal? _____ Yes _____ No

What year is this student (at the time of taking this course):

MS1 _____ MS2 _____ MS3 _____ MS4 _____

Item(s) Being Changed:

_____ Pre-Clinical Final Grade _____ Clinical Grade _____ Exam Grade
_____ Narrative _____ Final/Overall Grade _____ PBE
_____ OSCE _____ Other

Grade Change Detail:

Original Grade _____ New Grade _____

Please provide a brief explanation for the change(s) indicated above:
(i.e. grade is being changed due to a miscalculation of the original grade)

Signature(s) Required:

Course Director: _____

What to Expect Next:

- This completed form (and attachment, if applicable) must be submitted to the MD Registrar's Office (registrarmd@gwu.edu);
- Once processed, the MD Registrar's Office will send a confirmation email to you and the student.
- This completed form will be saved to the student's file.