

CHANGE OF GRADE FORM

Today's Date: _____

Name of Student: _____

GW ID Number: _____

Course Name: _____

Course Number: _____ Course Dates: _____

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

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

MS1 _____ MS2 _____ MS3 _____ MS4 _____

Grade(s) Being Changed:

_____ Block/Clinical/Course Final/Overall Grade	Original Grade: _____	Grade Change To: _____
_____ Clinical Grade	Original Grade: _____	Grade Change To: _____
_____ Exam Grade	Original Grade: _____	Grade Change To: _____
_____ Narrative or Comments	Original Grade: _____	Grade Change To: _____
_____ PBE	Original Grade: _____	Grade Change To: _____
_____ OSCE	Original Grade: _____	Grade Change To: _____

Please provide a brief rationale for the change(s) indicated above:

Required Signature:

Block/Course Director

What to Expect Next:

- This completed form needs to be submitted to the MD Registrar's Office (registrarmd@gwu.edu).
- The MD Registrar's Office will process the grade change(s) indicated above, once this form is received.
- This completed form will be saved to the student's file.