LSUHealthNewOrleans

Office of the Registrar

REQUEST FOR GRADE CHANGE

☑ Allied Health Professions ☐ Dentistry ☐ Graduate Studies ☐ Medicine ☐ Nursing ☐ Public Health

Date: _____/_____/_____

Student's Name: _____ EMPLID #: _____

Course: _____ _____ _____ _____ _____

(Subject) (Catalog No.) (Class Number) (Term) (Units)

Original Grade: _____ New Grade: _____ Reason For Change: _____

_____

Required Signatures

Instructor: _____ Date: _____

Program Director: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____

Revised 07.09.2013

White – Registrar Green – Student Affairs Canary – Dean/Associate Dean Pink – Instructor Gold – Student

This information can be found on the class/grade roster in PeopleSoft.

Student's Name: First and last name, not nickname
EMPLID#: Student id # (7 digits)

Course information:
Subject = Course prefix not course title for example: (CPSC, PHTH, OCCT, SPTHAUD, MLS, COUN, PYAS, ANAT, PHARM, and PHYSIO)
Catalog No.= 3 to 4 digit number next to subject
Class Number= 5 digit number located after the catalog number in parenthesis
Term= Spring, Summer, or Fall plus the year
Units= Credit hours