Official Report of Removal of Incomplete or Grade Change
Office of the Registrar, Brody School of Medicine, Brody 2S-20 (252-744-2278)
(This report should be typewritten or prepared in ink)

TO: REGISTRAR

FROM: ___________________________ Dept of ___________________________
       (Instructor’s Name)                                              

RE: ___________________________ (Banner Identification Number)
       (Student’s Full Name)                                           

       (Course Name and Number)                                      

       (Semester and Year Course Taken)                              

TO BE USED ONLY FOR THE PURPOSE OF CHANGING AN INCOMPLETE TO A
PERMANENT GRADE

Remove grade of “IP” and record grade of __________
       (Date Work Completed)

__[Signature]__________________ (Date)

TO BE USED ONLY FOR THE PURPOSE OF CHANGING A PERMANENT GRADE
( A, B, C, D, F, I )

Change grade of __________ to grade of __________ because of __________________________

__[Signature]__________________ (Date)