



ECU

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: _____
 (Student's Full Name) _____
(Banner Identification Number)

(Course Name and Number)

(Semester and Year Course Taken)

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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)

(Instructor's Signature) (Date)

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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 _____

(Instructor's Signature) (Date)