Official Report of Removal of Incomplete or Grade Change
Office of the Registrar, Brody School of Medicine, Brody 25-20 (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)

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)

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)