



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799



Change of Grade Form

Student Name: _____ Student Empower ID #: _____

Student Email Address: _____

Course Information:

Term Course is/was offered: (select one)

Fall Winter (GEO-Only) Spring Summer

Title of Course: _____ (ex: Surgery Clerkship)

Course #: _____ (ex: SUO3200)

Course Instructor(s): _____

Change the grade for this student from _____ to _____.

Instructor/Administrator Name Instructor/Administrator Signature Date
(Please Print)

****ALL grade changes must be submitted using official USUHS email to grademodifications@usuhs.edu.**

1. Grade changes are only permitted in the following cases: missing, incomplete resolution, calculation error, or submission error.
2. No grade changes are permitted which are solely intended to benefit a student's record or GPA.
3. All grade changes must be submitted within one calendar year from the last day of the semester/term in which the course was taken.
4. No grade changes are permitted after a degree has been conferred.
5. Typical processing times once the completed form is received by the OUR, is 5-7 business days.
6. All appropriate persons, including the student, will be notified by email when a change has been processed by the Office of the University Registrar. A copy of this completed form will be kept in the student's electronic file.

Please submit this completed and signed for to grademodifications@usuhs.edu. The Office of the Registrar will not accept a form that is not signed. Confirmation emails will be sent once processed.