



**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES**

4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4799



**The Office of the University Registration  
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](mailto: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](mailto:grademodifications@usuhs.edu). The Office of the Registrar will not accept a form that is not signed. Confirmation emails will be sent once processed.