NOVA SOUTHEASTERN UNIVERSITY

ENROLLMENT AND STUDENT SERVICES

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OFFICE OF THE UNIVERSITY REGISTRAR 3301 College Avenue Fort Lauderdale, Florida 33314-7796

Change of Grade Form *COG*

This form is to be initiated to report a grade different from the grade originally submitted on the grade roster. Other than changes for incomplete grades, the university assumes such changes will occur rarely and within a reasonable time period (see catalog/handbook).

Student/Course Information The student and course information requested below is necessary to complete the change of grade. The information can be reviewed in Self-Service Banner. Inaccurate and/or incomplete information will delay the processing of the change of grade.	Reason for Grade Change Please select a reason for request: Administrative Change*-requesting to have grade removed Entry error—an error was made when grade was entered Incomplete never complete—instructor indicated student never completed required course work Inc to F by program office—when program does yearly		
Student Name (last, first, middle initial)	incomplete grade clean up and changes grade to an F because course work was not completed Instructor correction—when instructor submitted incorrect grade and is requesting a change		
NSU ID	Makeup work complete—when grade is being changed because student made up missing course work		
Semester/Term	No grade to a grade*—when grade is being submitted on the COG form because instructor missed grading deadline		
Course Prefix/Number/Section	Progress to a grade—when a Progress (PR) or In progress (IP) grade is being changed to valid grade		
CRN	Remediation—when a course is being remediated and a grade is changed to a C(E)		
Course Credit Hours	Write a brief explanation below. (Required for all reasons marked with an asterisk*):		
Course Start Date: Course End Date:			
Print Name of Original Instructor	Present Grade: New Grade:		
•	Office of the University Registrar, two signatures air/dean or director. Submit to <u>regops@nova.edu</u> .		
	ated below. By signing this document electronically using Adobe epresenting that you intend and agree that such electronic signature or purposes of validity, enforceability, and admissibility of this document.		

Any method of electronic signature other than as above-described may not be acceptable to NSU.

Complete EITHER of the two sections below:

Section 1	
Instructor NAME (Print Clearly)	
Instructor SIGNATURE	Date
Chair/Director or Dean (Print clearly)	
Chair/Director or Dean SIGNATURE	Date

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Section 2	
Chair or Director NAME (Print clearly)	
Chair or Director SIGNATURE	Date
Dean NAME (Print clearly)	
Dean SIGNATURE	Date