

Date	Student's Name	College	UIN
		Dept	
Print (LAST)	(FIRST)	(MI)	

## SUPPLEMENTAL GRADE REPORT FORM

**Instructor:** Complete this form and obtain the appropriate approval(s) if needed. **Dept:** Send white/yellow copies to the Student's College Office. For graduate students, send the white copy to Academic Records, 901 W. Illinois, MC-063. (<http://www.registrar.illinois.edu/staff/records/grades.html>)

Gradable CRN	Subject/Number	Section	Credit
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### Taken During (check one)

- ☐ FALL \_\_\_\_\_ (year)
 ☐ SPRING \_\_\_\_\_ (year)
 ☐ SUMMER \_\_\_\_\_ (year)
- ☐ GRAD THESIS TERMS \_\_\_\_\_ (start) \_\_\_\_\_ (end)

☐ CR/NC BASIS  
 COLLEGE USE ONLY

### PURPOSE OF REPORT *(Complete only one of the three sections below.)*

<p><b>1. TO REPLACE:</b></p> <p> <input type="checkbox"/> NOT REPORTED (NR) GRADE  <input type="checkbox"/> INCOMPLETE (I) GRADE  <input type="checkbox"/> DEFERRED (DFR) GRADE  <input type="checkbox"/> GRADUATE THESIS DFR GRADES  <input type="checkbox"/> OTHER         </p> <p>FROM _____ TO _____</p>  <p>_____  <b>INSTRUCTOR'S SIGNATURE</b></p>	<p><b>2. TO CORRECT ORIGINAL GRADE:</b></p> <p>FROM _____ TO _____</p>  <p>_____  <b>INSTRUCTOR'S SIGNATURE</b></p>  <p>_____  <b>HEAD OF DEPARTMENT'S SIGNATURE</b></p>	<p><b>3. TO CORRECT ABS GRADE:</b></p> <p>FROM <u>ABS</u> TO _____</p>  <p>_____  <b>INSTRUCTOR'S SIGNATURE</b></p>  <p>_____  <b>HEAD OF DEPARTMENT'S SIGNATURE</b></p>  <p>_____  <b>DEAN OF STUDENT'S COLLEGE SIGNATURE</b></p>
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