

**Office of the University Registrar
Change of Grade/Removal of Incomplete**



Date: _____ NUID Number: _____

Student's Name: _____
Last First Middle

CHANGE OF GRADE: The above student has a change of grade from _____ to _____ in _____
Dept. & Course #

incurred in the _____ semester of _____ and is entitled to _____ credit hours.
Fall, Spring, Summer Year

SIGNED _____
(Instructor)

SIGNED _____
(Dean) (not required for undergraduate classes)

**Form must be printed and sent to the Office of the University Registrar in EAB 105 or emailed to
unoregistrar@unomaha.edu.**