



Official Report of Removal of Incomplete or Grade Change

Office of the Registrar, 108 Whichard Building, Greenville, North Carolina 27858-4353 252-328-6524

(This report should be typewritten or prepared in ink)

TO: REGISTRAR

FROM: _____ **Dept of** _____
(Instructor's Name)

IN RE: _____ **B** _____
(Student's Full Name) (Last 4 digits of SSN or ECU ID)
 Undergraduate Student Graduate Student

_____ (Course Name and Number) _____ (Section) _____ (Semester and Year Course Taken)

Remove grade of "Inc" and record grade of _____ (Date Work Completed)

(Instructor's Signature)

TO BE USED ONLY FOR THE PURPOSE OF CHANGING A PERMANENT GRADE

(A, B, C, D, F)

Change grade of _____ to grade of _____ because of _____

DATE: _____

(Instructor's Signature)