MISSING GRADE REQUEST FORM

TODAY’S DATE: ______/_____/________  

mm/dd/yyyy

NAME: ___________________________________________  SCID #: ___________________

YOUR HOME SCHOOL: _____ Spelman _____ Morehouse _____ Clark

SEMESTER COURSE WAS TAKEN: Spring of ______  OR  Fall of ______  

Year  Year

COURSE TAKEN: _____________________________________________________________

Dept./ Course No./Sect. #  Course Title

CRN#: __________________

WHERE COURSE WAS TAKEN: _____ Spelman _____ Morehouse _____ Clark

YOUR PHONE NUMBER: (_______) ________________________________

YOUR EMAIL ADDRESS ____________________________

HAVE YOU CONTACTED INSTRUCTOR?  ____ Yes  ____ No  
(If no, please contact your instructor before completing this form.)

If you have not completed your work in this course, please do not fill out this form. Instead, contact your instructor to find out what work you need to complete and the deadline for completion. Incomplete work not completed by the established deadline may result in a grade of “F.”

Your signature: ____________________________________________

Please contact the Office of the Registrar at 404-270-5230 with any questions or concerns.