

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

INSTRUCTOR: _____ 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.