

REPORT OF RECORDS FOR COMPLETION/REMOVAL GRADE

Student Number	Student Name (Family, First, Middle)			GRAD.SCHOOL
Course Number	Course Title			Units
Original Grade	Sem/Summer/Year	Incurred	Completion/Removal Grade	Date of completion/removal Remarks

Signature Over Printed Name of Dept. Chair _____ Signature Over Printed Name of Professor/Instructor _____

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TO THE PROFESSOR/INSTRUCTOR: Completion/Removal grade should be submitted not later than five (working) days after the date of removal/completion. The usual rules for late submission of final grades also apply to these grades.