|  |  |
| --- | --- |
| 2008 SON Logo from Hope | **Report of In Progress Grade** |

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Prefix, Number, & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The activities and/or requirements listed below are to be completed and submitted to the Faculty of Record by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in order for a *Change of Grade form* to be submitted to the OHSU Registrar. If the conditions of this contract are not met, the Faculty of Record will submit the following grade:

|  |  |  |  |
| --- | --- | --- | --- |
| 4.0 | 3.0 | 2.0 | 0.0 |

Activities and/or requirements to be completed include (use additional page(s) if necessary):

**Student's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Date

**Faculty of Record’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty of Record’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**FOR CLINICAL IP GRADE REPORTS ONLY:**

**Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty:A *Change of Grade*  hard copy form is available from the OHSU Registrar or from your teaching team.

*Copies to:*

🞏 Student 🞏 Faculty of Record 🞏 Student Advisor 🞏 Student File

AND, as appropriate

🞏 Campus Associate Dean or Statewide Director of Undergraduate Program

🞏 Director of APN

🞏 Director of AGIP