**SUPPLEMENTAL GRADE REPORT FORM**

**Instructor:** Complete this form and obtain the appropriate approval(s) if needed. When submitting a grade of "F" or "U" the Last Attend Date and/or the Attend Hours fields must be populated.

**Department:** Retain a copy for your records and send the original to the Student's College Office.

**College:** Retain a copy for your records and send the original to Academic Records, 901 W. Illinois, MC-063.

<table>
<thead>
<tr>
<th>Gradable CRN</th>
<th>Subject/Number</th>
<th>Section</th>
<th>Credit</th>
<th>Taken During (check one)</th>
<th>Gradable CRN</th>
<th>Subject/Number</th>
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**PURPOSE OF REPORT (Complete only one of the three sections below.)**

1. **TO REPLACE:**
   - □ NOT REPORTED (NR) GRADE
   - □ INCOMPLETE (I) GRADE
   - □ DEFERRED (DFR) GRADE
   - □ GRADUATE THESIS DFR GRADES
   - □ OTHER

   FROM ___________ TO ___________

   REQUIRED FOR GRADES OF "F" OR "U"

   LAST ATTEND DATE: ___________

   HOURS ATTENDED: ___________

   INSTRUCTOR/DESIGNEE SIGNATURE

   PRINTED NAME OF INSTRUCTOR/DESIGNEE

2. **TO CORRECT ORIGINAL GRADE:**

   FROM ___________ TO ___________

   REQUIRED FOR GRADES OF "F" OR "U"

   LAST ATTEND DATE: ___________

   HOURS ATTENDED: ___________

   INSTRUCTOR/DESIGNEE SIGNATURE

   PRINTED NAME OF INSTRUCTOR/DESIGNEE

3. **TO CORRECT ABS GRADE:**

   FROM ___ ABS ___ TO ___________

   REQUIRED FOR GRADES OF "F" OR "U"

   LAST ATTEND DATE: ___________

   HOURS ATTENDED: ___________

   INSTRUCTOR/DESIGNEE SIGNATURE

   PRINTED NAME OF INSTRUCTOR/DESIGNEE

   HEAD OF DEPARTMENT’S SIGNATURE

   DEAN OF STUDENT’S COLLEGE SIGNATURE

To guard against misuse, secure this form in a LOCKED AREA

Office of the Registrar, 02/14