CONVERTING MED GRADES TO GRADUATE SCHOOL LETTER GRADES

I certify that in the semester of ,

 (Fall, Spring, Summer) (year)

 ,

 (Student Name) (University ID)

successfully completed ,

 (Course Name) (Course Number)

and earned the grade of . I authorize the submission

 (H, HP, P, F, S, U)

of course credit hours toward his/her M.A./M.S./Ph.D. requirement

(# of credits)

and assign the Graduate School grade of .

 (A, A-, B+, B, B-, C+, C)

Course Instructor Date

This course replaces , ,

 (Course Name) (Course Number) (# of credits)

in the graduate degree curriculum.

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Chair of Department or Department Graduate Advisor Date

Associate Dean, University Graduate School Date