

CONVERTING SCHOOL OF MEDICINE (MD) GRADES
TO GRADUATE SCHOOL LETTER GRADES
FOR PURDUE GRADUATE PROGRAMS

(Student Name) (IU ID) (PU ID)

I certify that in the _____ semester of _____
(Fall, Spring, Summer) (year)

successfully completed _____,
(Course Name) (Course Number)

and earned the grade of _____. I authorize the submission of _____
(H, HP, P, F, S, U) (# credits)

course credit hours toward their MS/PhD requirement and assign the Graduate School

letter grade of _____ effective _____
(A, A-, B+, B, B-, C+, C) Date

Course Instructor Signature Instructor Name Printed

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This course replaces Electives or Specific Courses (list below)

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

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

in the graduate degree curriculum.

Chair of Department or Department Graduate Advisor Date

Associate Dean, University Graduate School Date