REQUEST TO CHANGE GRADE FOR
REPEATED COURSE

Student Name: ____________________________________________

Please Print (Last, First, Middle Initial)

Student ID Number: _______________________________________

Course Number: _________________________________________

Course Title: _____________________________________________

Year and Semester of Initial Grade: __________/___________

Year and Semester of Course Repeat: __________/__________

Initial Grade (Please Circle):  A  B  C  D  F  I  P  N/P

______________________________  _______________________

Student Signature                     Date

______________________________  _______________________

Registrar’s Signature                 Date

PLEASE RETURN THIS FORM TO THE REGISTRAR’S OFFICE

For Official Use Only

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<th>Date Posted</th>
<th>Initials</th>
<th>Prior GPA / Standing</th>
<th>Final GPA</th>
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Updated: 10/28/2020