

**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			
Date Posted	Initials	Prior GPA / Standing	Final GPA