



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 Check): **A** **B** **C** **D** **F** **I** **P**

Student Signature: By signing my name above, I confirm I am the individual.

Date: (MM/DD/YY)

PLEASE RETURN THIS FORM TO THE REGISTRAR'S OFFICE

For Office Use Only			
Date Posted	Initials	Prior GPA / Standing	Final GPA