



**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