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>
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<th>Final GPA</th>
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Last Updated: 8/8/2016