

PETITION FOR GRADE REPLACEMENT - X Option

Petition will be processed after your repeat course grade is recorded at the end of the semester.

Name _____ Student ID # _____

Original Course: Semester Taken: Fall _____
(Please circle one) Spring _____ Year _____
Summer I _____
Campus _____ Summer II _____

Course Dept _____ Course Number _____

Credit Hours _____ Section Number _____ Original Grade _____

Course Title _____

Repeat Course: Semester Taken: Fall _____
(Please circle one) Spring _____ Year _____
Summer I _____
Summer II _____

Course Dept _____ Course Number _____

Credit Hours _____ Section Number _____ Repeat Grade _____

Course Title _____

Name of Instructor _____

I understand that my original grade will not be counted in my GPA nor will the credit hours be counted in the semester hours earned. The grade I receive this semester will appear on my transcript and will be used in the computation of my grade point average. Both grades will appear on the transcript.

Student's Signature

Date

*The above information is accurate and I recommend that this student X the original course.

Advisor's Signature*

Date

**If the above courses are not identical the approval/signature of the Dean will be required in order to process.

Dean's Signature**

Date

Return completed form to the Office of Student Records (WZ 116)