

PETITION FOR GRADE REPLACEMENT - X Option

Petition will be processed after repeated course grade is recorded.

Grades are recorded at the end of each semester.

Student Name _____ ID Number _____

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

Course Dept _____ Course Number _____

Credit Hours _____ Class 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 _____ Class Number _____ Original Grade _____

Course Title _____

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 FX the original course.

Advisor's Signature*

Date

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

Division Chairperson's Signature**

Date

Return to the Student Records Office (WZ 116)