



GRADUATE REQUEST TO REPEAT GRADE OF "D" OR "F" COURSE

Section 1. Graduate students, please **print or type** this section clearly:

Last Name, First Name, M.I.

Student Number (SU ID)

Street Address

City, State, Zip

Email

Telephone

Course Information

CRN#: _____ SUBJECT: _____ Course Title: _____

First Term in which course was taken:

☐

Fall

☐

Spring

☐

Summer

Year: _____ Grade Received: _____

Term in which course was repeated:

☐

Fall

☐

Spring

☐

Summer

Year: _____ Grade Received: _____

I have reviewed and understand the guidelines (Graduate Website) for the Graduate Grade Replacement Policy.

Student Signature

Date

Repeated Course Instructor Signature

Date

Advisor Signature

Date

College Dean Signature

Date

Section II. To be completed by Graduate Studies and Registrar

This request is: ☐ Approved

☐

Denied

By: _____

Date

Explanation of Denial:

Registrar's Approval: _____

Date