

# REPEATED COURSE

\_\_\_\_\_  
Social Security Number

Name: \_\_\_\_\_  
First Middle Last

	Semester Taken	Course Prefix & Number	Grade	*Department Head's Signature
<b>Higher Grade</b> (to be included in GPA)				
<b>Lower Grade</b> (To be excluded in GPA)				

\*Note: Department Head's signature required on if the prefix and/or number are different.

This request must be received by the Registrar within one year of completion of higher grade.

\_\_\_\_\_  
Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_  
Registrar's Office