GRADE REPLACEMENT REQUEST FORM

First name: _______________ Last name: _______________ BGSU ID: _______________

Program: _______________ Planned graduation date: _______________

Course subject and catalog number (ex: BIOL 5000): _______________

Original course grade: _______________ Course title: _______________

Original course instructor: _______________ Retake course instructor: _______________

Original course term/year: _______________ Retake course term/year: _______________

Grade Replacement Policy: Policy linked here

By filling out this form, I am indicating that I have read the Grade Replacement Policy (see above link). Although the original grade will be visible on my transcript, I am requesting to have the credit hours and quality points for the retake registration used in computing my cumulative grade point average. The new grade will replace the old grade, regardless of the new grade received.

Graduate Program Coordinator Approval: _______________

The approval of the Graduate Program Coordinator indicates that all program policies have been met.

Graduate College Approval: _______________

The approval of the Graduate College indicates that this request can be sent to Registration and Records.