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.