GRADE RECOMPUTATION REQUEST

NAME: _____ ID #: _____-____-_____
Last First MI

I request that my grade point average be recomputed to give me the benefit of the higher grades for the following repeated courses.

Repeated Course						Valid Course					
Dept.	Course #	Term	Year	Grade	Credit	Dept.	Course #	Term	Year	Grade	Credit

Student's Signature: _____ Date: _____

The content of the _____ repeated course and _____ valid course are

☐ the same and recomputation should be permitted. ☐ **not** the same and recomputation should **NOT** be permitted.

_____ **Date:** _____
Department Chairperson

The content of the _____ repeated course and _____ valid course are

☐ the same and recomputation should be permitted. ☐ **not** the same and recomputation should **NOT** be permitted.

_____ **Date:** _____
Department Chairperson

Return To:
Admissions and Records

College Center Room 224
Grade Recomputation

Phone 549-3010