



GRADE REPLACEMENT REQUEST

Return to:
Registrar's Office
1025 North Broadway
Milwaukee, WI 53202-3109

Fax: (414) 277-6914
Phone: (414) 277-7215

Name _____ Student number _____

In the _____ quarter of _____ (year), I received a grade of _____ in the course _____.

I plan to take the course for the second time during the _____ quarter of _____ (year) for a grade replacement. I request that the grade that I earn the second time be used in the calculation of my cumulative GPA rather than the grade I earned the first time.

- I understand the initial grade I received still will appear on my transcript but will not be calculated into my grade point average.
- I understand I may grade replace a class I have passed. However, if I fail the class I am grade replacing, I will lose the passing grade for the original course and it will no longer meet the prerequisite for subsequent courses.
- I understand I may grade replace only five courses. After I have used my five replacements, I still may re-take any course but both grades will be calculated into my grade point average. If at any time the Registrar's Office becomes aware that I already have used my limit of five replacements, this Grade Replacement Request becomes void.
- I understand that I must retake the course within one calendar year from the initial time I took it. The only exception to this is if the course has not been offered within one calendar year. If the course has not been offered, I must take it the next time it is offered. If at any time the Registrar's Office becomes aware that the one year deadline has passed, this Grade Replacement Request becomes void.
- I understand that if I fail the same course twice I will be subject to termination.
- I understand the deadline to return this form to the Registrar's Office is 4:30 p.m. on Friday of the first week of the quarter.

I am in agreement with the above statements.

Student signature _____

Date _____

Registrar's Office signature _____

Date _____