GRADE FORGIVENESS FORM

A COMPLETED GRADE FORGIVENESS FORM MUST BE SUBMITTED TO THE OFFICE OF THE REGISTRAR BY THE LAST DAY OF TERM OF THE SEMESTER IN WHICH THE COURSE IS REPEATED.

UWF I.D. Number:

Please PRINT NAME and mailing address:

Daytime Phone:
E-mail Address:

I have read and understand all the stipulations of the Grade Forgiveness Policy.

Student's Signature Date

COURSE INFORMATION

INITIAL COURSE TO BE REPEATED (MUST BE LAST COURSE ATTEMPT FOR WHICH A GRADE IS RECORDED):

Prefix/Number Title

Semester Year Hours Grade

CURRENT SEMESTER COURSE FOR FORGIVENESS POLICY:

Prefix/Number Title

Semester Year Hours

Advisor's Signature Date

SIGNATURES REQUIRED FOR COURSE EXCEPTION ONLY:

Chairperson/Major Department Dean/Major Department

FOR OFFICE USE ONLY

Received by: R posted: Initials Date
Initials Date
T posted: Initials Date

Rev. 0812