



Registrar

REQUEST FOR GRADE SUBSTITUTION

Print Name _____
Last First Middle
Email Address _____ gtID# _____
Major School _____ Phone _____

COURSE INFORMATION

Course (Ex. SUBJ 1101 A3) _____
Course was originally taken: Term: ☐ Fall ☐ Spring ☐ Summer / Year: _____
Course was repeated Term: ☐ Fall ☐ Spring ☐ Summer / Year: _____
Student Signature _____ Date ____/____/____

SIGNATURES REQUIRED

MAJOR SCHOOL

Print Name _____
Advisor Signature _____ Date ____/____/____

ATHLETIC ADVISOR

*NCCA Student Athletes must also obtain their Athletic Association Academic Advisor's signature

Print Name _____
Advisor Signature _____ Date ____/____/____

DEAN OF STUDENTS

Dean's Signature _____ Date ____/____/____

REGISTRAR'S OFFICE ONLY

Academic Standing _____ ☐ Approved ☐ Denied

Registrar's Signature _____ Date ____/____/____

Office of the Registrar, Atlanta, GA 30332-0315
comments@registrar.gatech.edu, Fax 404-894-0167



