

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
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Advisor's Signature _____ Date _____

SIGNATURES REQUIRED FOR COURSE EXCEPTION ONLY:

Chairperson/Major Department _____

Dean/Major Department _____

FOR OFFICE USE ONLY

Received by: _____

Initials _____ Date _____

R posted: _____
Initials _____ Date _____T posted: _____
Initials _____ Date _____

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