
GRADUATE GRADE REPLACEMENT FORM

Section 1. Graduate students, please complete this section clearly:

Student Number (UNM ID) _____ Birthdate _____

Last Name, First Name, M.I. _____

Street Address _____

City, State, Zip _____

Email _____ Telephone _____

Course Information

Prefix: _____ Course #: _____ Course Title: _____

First Term in which course was taken: Fall Spring Summer Year: 20 Grade Received: _____**Term in which course was repeated:** Fall Spring Summer Year: 20 Grade Received: _____

I have reviewed and understand the guidelines (on the reverse side) for the Graduate Grade Replacement Policy.

_____ Student Signature Date	_____ Repeated Course Instructor Signature Date
_____ Advisor Signature Date	_____ Chair Signature Date

Section II. To be completed by Graduate Studies and RegistrarThis request is: Approved DeniedBy: _____ _____
DateExplanation of Denial: _____

_____Registrar's Approval: By: _____ _____
Date