
GRADUATE GRADE REPLACEMENT FORM

Section 1. Graduate students, please print or type 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: _____ Grade Received: _____

Term in which course was repeated:

Fall Spring Summer Year: _____ 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 Registrar

This request is: Approved Denied

By: _____ Date _____

Explanation of Denial: _____

Registrar's Approval: By: _____ Date _____