



Grade Replacement Application

Student
Last Name

Student
First Name

UCID

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Original Class (course that is being repeated)

Semester	Subject	Course #	Section #	Hours
Course Title				

New Class (course that will replace the grade from Original Class)

Semester	Subject	Course #	Section #	Hours
Course Title	Offering College			

Student Signature

Previous Grade Replacement Credits
(to be completed by the college)

Offering College Approval