



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