

Grade Forgiveness Request

Section I: To be completed by the student

Student UID: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____@floridapoly.edu

ORIGINAL COURSE (For Summer term, indicate one session: Summer A, Summer B or Summer C)

Term	Year	Course Prefix	Course Number	Course Title	Credit Hours

REPEAT COURSE (For Summer term, indicate one session: Summer A, Summer B or Summer C)

Term	Year	Code Prefix	Course Number	Course Title	Credit Hours

IF ANY OF THE ABOVE COURSE INFORMATION VARIES FROM THAT OF THE ORIGINAL COURSE, YOU MUST RECEIVE THE SIGNATURE OF THE PROVOST OR HIS/HER DESIGNEE BELOW (The substitute course replaces a course no longer offered by Florida Polytechnic University):

Signature, Provost/Designee (If Applicable) _____

Please refer to the Grade Forgiveness Policy **FPU-5.0006AP** for the Grade Forgiveness policy guidelines.

My signature below confirms that I have read, understand, and agree to all terms and conditions of the Grade Forgiveness Policy:

Student signature: _____ Date: _____

Section II: REGISTRAR'S OFFICE USE ONLY

Processed by: _____ Date: _____