

800 Hawk Drive • New Paltz, NY 12561-2442 • (845) 257-3947 • fax (845) 257-3284

## **REPLACE COURSE GRADING OPTION**

			Date	
			Student ID N	
Name			Major	
Address			Concentration	
City	State	Zip	Advisor	
			Semester Accepted	

## **Replace Course Grading Option:**

The "Replace Course Grading Option" is available to matriculated graduate students as a *one-time*, single course option. Approval to use this option must be obtained from the student's academic advisor or department chair and from the Asst. Vice President. Under this option, when the course is repeated, only thesecond grade will be calculated in the student's cumulative grade-point average.

Briefly describe your reason for requesting the replace course grading option:

## Course to be replaced:

	TERM	COURSE NUMBER	COURSE NAME	GRADE	CREDITS
1					

## Replace the above course with grade earned from:

	TERM	COURSE NUMBER	COURSE NAME	GRADE	CREDITS
2					

I certify that I understand the conditions of this request.

Student's Signature:			Date:	
Ś	Submit completed fo	rm to the Graduate A	dvisor or Department Chair f	or Approval
	□ Approved	□ Denied		
Signature: _			Date:	
	Return comp	pleted form to Gradua	te and Extended Learning fo	r final approval
	Concurrence Other			
Signature: _			Date:	
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