

# Grade Replacement Exception

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