REQUEST TO RECOVER GRADE

ATTENTION ADVISOR AND STUDENT: This form is to be completed by the student’s Advisor. The Advisor should consult with the Registration office to assure that the original grade earned was at least a grade of D. The student will need to sign the form and provide documentation (to the Advisor) to support the reason for the request to recover the grade. The Advisor will submit the completed and signed form to the Registration office, DS120.

STUDENT NAME: ____________________________________________________________  ID#: __________________

First

Last

MAJOR: ______________________________________________________________________

COURSE FOR WHICH RECOVERY OF ORIGINAL LETTER GRADE IS REQUESTED:

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours</th>
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TERM IN WHICH COURSE WAS TAKEN: □ FALL   □ INTER-SEMESTER □ SPRING □ SUMMER

Please indicate which of the following is the reason for the grade recovery request:
□ The course is required in the student's major
□ The letter grade is required for graduation
□ The grade is required by a graduate or professional school

ADVISOR'S NAME: ____________________________________________________________

ADVISOR'S SIGNATURE: __________________________  DATE: ______________

STUDENT'S SIGNATURE: __________________________  DATE: ______________

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