Student Name (please print): ____________________________  Student Identification Number: 80__________________________

Student Signature: ____________________________  UNC Charlotte Email Address: ______________________________

Students must submit this form for permission to retake a course in which they previously earned a grade of B, C, or D.

NOTE: Summer and Fall policies for Grade Replacement. Please read and then initial next to each statement below:

[ ] Grade Replacement for Summer 2021 - If I choose to use Grade Replacement, I will file my request online at my.uncc.edu by the last day of the Add/Drop period for the semester in which I will repeat the course. Grade Replacement for Fall 2021 - Will automatically be applied for the first 2 courses (up to 8 credits) where the previous grade earned was a C or below. Students wishing to opt out must do so online at my.uncc.edu by the withdrawal deadline.

[ ] Grade Replacement requests filed after the stated deadline, or filed retroactively in subsequent semester, will NOT be approved. The deadline is published here: http://registrar.uncc.edu/calendar.

[ ] I understand that the grade for both attempts of the course will factor into my GPA, unless a Grade Replacement is applied by the stated deadline. I will not receive credit hours for a repeated course.

[ ] If approved, I understand that my authorization will be issued within 72 hours (3 business days) of submission of this form.

[ ] I understand that it is my responsibility to register for this course, and that a repeat authorization does not guarantee course availability or a seat in the class. The override will not allow you to register for a closed class.

List the courses you wish to repeat and the term in which you plan to repeat:

1. ___________________________________________  □ Fall 20__  □ Spring 20__  □ Summer 20__
   Explain why you are repeating the course: ________________________________________________________________

2. ___________________________________________  □ Fall 20__  □ Spring 20__  □ Summer 20__
   Explain why you are repeating the course: ________________________________________________________________

Advisor’s Comments: ______________________________________________________________________________________

Advisor’s Signature: ____________________________  Date: ____________________________

Departmental Signature: ____________________________  Date: ____________________________

[ ] Approved  Entered in Banner: ____________________________

[ ] Denied  Student Emailed: ____________________________