Graduate Course Repeat Request

(Graduate Grade Forgiveness)

Use this form before enrolling to request approval to repeat one graduate course for grade replacement.

STUDENT INFORMATION			
CIN		Name	
Email		Phone	
Program / Major		Department	

COURSE INFORMATION			
Course Prefix & Number		Course Title	
Original Term		Grade Earned	
Repeat Term		Request	☐ Grade Replacement

STUDENT CERTIFICATION

Please initial each statement:

	I earned a grade below B in the original course.
	This request is being submitted before I enroll in the repeat course.
	Only one graduate course may be repeated for grade replacement.
	All attempts remain on my academic record.
	The repeated course will be taken for a letter grade.
	Courses taken at another institution are not eligible.
	The original grade was not the result of academic dishonesty.
	I have consulted with my graduate advisor.

Student Signature	Date

APPROVALS

Office	Approve	Deny	Signature	Date
Graduate Advisor	☐	☐		
Department Chair / Program Director*	☐	☐		
Office of Graduate Studies*	☐	☐		
Registrar	☐	☐		

**Complete only if required by the student's program.*

IMPORTANT

- Approval is required before repeating the course.
- All course attempts remain on the academic record.
- Program-specific policies may impose additional requirements.

Submit the completed and approved form to the Records Office by email at Records@calstatela.edu.