

APPEAL GRADE FORGIVENESS

UWF ID Number: _____ Name: _____

UWF Email: _____ Phone Number: _____

Important Note:

I have read and understand all the stipulations of the [Grade Forgiveness Option](#).

Student Signature: Date:

I wish to Appeal one of the following:

- Retroactively Apply Grade Forgiveness Opt**
- Out of Grade Forgiveness (after graduation)**
- Rescind Grade Forgiveness (after graduation)**

Course: _____ Title: _____
Subj Prefix Course Number

Term: _____ Hours: _____

FOR

Course: _____ Title: _____
Subj Prefix Course Number

Term: _____ Hours: _____

Reason for Request: Requests are considered only in cases of *extenuating circumstances beyond the student's control*. Attach appropriate documentation and additional pages as necessary. **I request permission to appeal the grade forgiveness option listed for the following reason(s):**

Required Signatures:

Academic Advisor Signature: Date:

Chairperson/Major Department's Signature: Date:

Dean/Major Department's Signature: Date:

REGISTRAR OFFICE USE

Term Code: _____ Completed By: _____ Date: _____