

# GRADE FORGIVENESS FORM



**OFFICE OF THE REGISTRAR**  
11000 University Parkway Bldg. 18, Pensacola, FL 32514  
(T): 850.474.2244  
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[registrar@uwf.edu](mailto:registrar@uwf.edu)

**A completed Grade Forgiveness Form must be submitted to the Office of the Registrar by the last day of the term of the semester in which the course is repeated.**

UWF ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
First Middle Initial Last

Email (UWF): \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Important Note:**

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

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Course Information**

**Current** semester course for forgiveness option:

Course: \_\_\_\_\_ Title: \_\_\_\_\_  
SUBJ. PREFIX COURSE NUMBER

Term: \_\_\_\_\_ Hours: \_\_\_\_\_

**Initial** course being repeated (Must be last course attempt for which a grade is recorded):

Course: \_\_\_\_\_ Title: \_\_\_\_\_  
SUBJ. PREFIX COURSE NUMBER

Term: \_\_\_\_\_ Hours: \_\_\_\_\_ Grade: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signatures required for course exception only:**

Chairperson/Major Department's Signature: \_\_\_\_\_

Dean/Major Department's Signature: \_\_\_\_\_

**Office of the Registrar (Office Use Only)**

Processed by: \_\_\_\_\_ Initials/Date: \_\_\_\_\_