

UNIVERSITY OF THE SCIENCES IN PHILADELPHIA

REGISTRAR'S OFFICE
TELEPHONE 215 596 8813

COURSE REPEAT REQUEST **Grade Replacement Designation**

This form must be completed and submitted to the Registrar's Office no later than the end of the **DROP/ADD PERIOD** for the semester in which the course is repeated. This form is only used for repetition of **first year** courses. Please refer to the Grade Replacement policy in the current *USP Student Handbook*.

_____, _____ MI _____
Last Name First Name MI USP ID or Social Security #

Major

Term: Fall 20____ Spring 20____ Summer 20____

I request to repeat the following course(s) and take advantage of **Grade Replacement**:

Dept. Code Course # Sect. # Course Title

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I understand that once submitted my request to use Grade Replacement for the above course(s) is **irrevocable**.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____
(Required)