# Graduate Grade Replacement Approval Form

**Western Illinois University**
**School of Graduate Studies**

**Form will not be processed without signatures and rationale.**

Date:

Name:

WIU ID No:

Graduate program:

**Specify reason for request and include course name/number, term taken and term to be retaken.**

Student's signature:_____

Students: Do Not Write Below This Line

**Give full reason(s) for department/program recommendation.**

**Recommendation**

Graduate/Advisor : ☐ Approve ☐ Deny

Department Chair ☐ Approve ☐ Deny

**Signatures:**

Signature:_____Date:_____

Signature: _____Date: _____

Graduate School: ☐ Approve ☐ Deny

Note (if any):_____

Signature/date:_____

**Western Illinois University**
**School of Graduate Studies**
1 University Circle
Macomb, IL USA 61455-1390
Phone (309)298-1806
www.wiu.edu/grad; Email: Grad-Office@wiu.edu