

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

Signatures:

Graduate Advisor: Approve Deny

Signature: _____ Date: _____

School Director: Approve Deny

Signature: _____ Date: _____



Western Illinois University
School of Graduate Studies

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Graduate School: Approve Deny

Note (if any): _____

Signature/date: _____