

Grade Forgiveness Request Form

Student Success

UNIVERSITY OF SOUTH FLORIDA

ORIGINAL COURSE

Term	Year	CRN	Subject	Course Number	Section Number	Course Title	Credit Hours

REPEAT COURSE

Term	Year	CRN	Subject	Course Number	Section Number	Course Title	Credit Hours

If any of the above course information varies from that of the original course, you must receive the signature of the College Dean or designee below:

Students using VA benefits must contact Veterans Services prior to submitting this form.

UNIVERSITY OF SOUTH FLORIDA
 COLLEGE DEAN OR DESIGNEE SIGNATURE
 NAME
 TITLE
 COLLEGE
 ADDRESS
 CITY
 STATE
 ZIP

Once you utilize grade forgiveness, it cannot be rescinded.

UNIVERSITY OF SOUTH FLORIDA
 OFFICE OF THE REGISTRAR
 ADDRESS
 CITY
 STATE
 ZIP

UNIVERSITY OF SOUTH FLORIDA
 COLLEGE DEAN OR DESIGNEE SIGNATURE
 NAME
 TITLE
 COLLEGE
 ADDRESS
 CITY
 STATE
 ZIP

UNIVERSITY OF SOUTH FLORIDA
 OFFICE OF THE REGISTRAR
 ADDRESS
 CITY
 STATE
 ZIP

FOR OFFICE USE ONLY: