THE UNIVERSITY OF RHODE ISLAND Office of the Registrar

SECOND GRADE OPTION

To: Office of the Registrar:

Please adjust the quality point average and the academic record of the student names to reflect the repition of the course listed below PROVIDED A LETTER GRADE (A-F INCLUSIVE) IS EARNED IN THE REPEATED COURSE.

_____ _____

Last Name First MI Student ID Number

Course To Be Repeated

_____ Fall 20__ Summer I 20__
Spring 20__ Summer II 20__

Course Code

When Course Was Originally Taken

Course Code	*Course Title*	*Credit*	*Grade*				
_____	_____	_____	_____	Fall	20__	Summer	20__
				Spring	20__	Summer	20__

Approved:

Academic Dean_____

College_____

Registrar's Office Use:	*Section*	*Roster Page*	*Final Mark*	Not Registered__
	_____	_____	_____	Invalid Grade Reported__
				NR Grade__