LAMAR UNIVERSITY
College of Graduate Studies
Request for Grade Replacement for Graduate Student’s Program Coursework

Date _________________________________
LU ID#_________________________________
Major_____________________________________________________________________________
Student’s Name_____________________________________________________________________

Proposed Course Changes:
To Be Replaced:
Course Number    Course Title    Grade    Semester/Year
__________________  ________________________ ______  ____________
__________________  ________________________ ______  ____________
__________________  ________________________ ______  ____________
To Replace:
Course Number    Course Title    Grade    Semester/Year
___________________  ________________________ ______  _____________
___________________  ________________________ ______  _____________
___________________  ________________________ ______  _____________

Signatures:
Student _____________________________________________________Date:____________________
Department Chair_____________________________________________Date:____________________
College Dean_________________________________________________Date:____________________

Action by the Graduate Dean and Associate Provost
_____Approved
____ Disapproved    Reason_____________________________________________________________

Signatures:
Graduate Dean________________________________________________Date:____________________
Senior Associate Provost________________________________________Date:____________________

Submit signed original to the Graduate Office. A Banner transcript must be attached to this request.