



UNIVERSITY COLLEGE OF THE CAYMAN ISLANDS

REQUEST FOR GRADE FORGIVENESS

Last Name First Name M.I. Student I.D. Number

Degree Programme Graduated: Yes/No If yes, date

Email Address Phone Number

PLEASE ATTACH YOUR UNOFFICIAL TRANSCRIPT TO THIS FORM

Grade Forgiveness Requested to Date:
None 1 2 3

Original Course(s) to be forgiven:

Term	Year	Course ID	Course Name	Credit Hours	Grade Earned

Repeated Course(s):

Term	Year	Course ID	Course Name	Credit Hours	Grade Earned

Student's Signature

Date (dd-mm-yy)

FOR OFFICIAL USE ONLY

Processed By:				Date:	
Signature:					
Approved			Denied		
Denial Reason if Applicable					