



MarymountManhattan

Office of Academic Advisement

GRADE WAIVER PETITION

NAME _____ ID # _____

CURRENT ADDRESS:

PREFERRED PHONE #: _____

ENROLLMENT STATUS: FT PT DEGREE STATUS: DEGREE NON-DEGREE

MAJOR(S): _____ MINOR(S): _____

Is this your first grade waiver application? YES NO

LIST COURSE (S) BELOW FOR WHICH YOU ARE PETITIONING FOR A GRADE WAIVER

COURSE CODE	COURSE TITLE	SEMESTER TAKEN	INITIAL GRADE	STATUS (OFFICE USE ONLY)

For which semester are you planning to retake the above course (s)?

If you are repeating multiple courses in multiple semesters, please use a separate form for each semester.

FA JA SP SU1 SU2 YEAR: _____

Have you registered for the above course (s)? YES NO

I, the undersigned student, understand the terms, conditions and stipulations associated with the application and granting of the above grade waiver. I understand that by repeating a course for which I've previously earned a grade of a "D," no additional credits will be awarded. I understand that, if the above grade waiver is approved, upon retaking the course, my current or future financial aid maybe affected, and that it is my responsibility to discuss such implications with my financial aid counselor. I also understand that failure to register for the approved course (s) or subsequent withdrawal will result in a forfeiture of this grade waiver approval.

STUDENT'S SIGNATURE: _____ DATE: _____

ADVISEMENT OFFICE USE ONLY:

CREDITS ATTEMPTED: _____ CREDITS COMPLETED: _____ CUMGPA: _____ TOTAL GWs: _____
COMMENTS: _____

REGISTRAR USE ONLY:

GRADE WAIVER PROCESSED GRADE WAIVER NOT PROCESSED DATE: _____

COMMENTS: _____

ASSISTANT VICE PRESIDENT OF
THE CENTER FOR ACADEMIC
EXCELLENCE VALIDATION