Repeating Courses and Replacing Grades Policy

Addendum

Quarter to Semester Transition Implementation

In replacing grades of quarter courses with grades earned in semester courses:

(1) Quarter courses that have a direct, approved one-to-one equivalency with a specific semester course will automatically be eligible for repeat and grade replacement.

(2) For Quarter courses that are part of a course sequence, the default repeat/grade replacement will be:

• The grade in the first course of a two-semester course sequence will, when repeated, replace the grade of the first course in a three-quarter sequence.

• The grade in the second course of a two-semester course sequence will, when repeated, replace the lower grade of either the second or third quarter course.

Exceptions to the above are available only through a petition process. Faculty in the departments or units offering the course(s) make decisions regarding such petitions.

In all circumstances, repeat of a single course can replace only a single course grade.

Approved Undergraduate Curriculum and Academic Policy Committee ___March 8, 2012___
Approved Faculty Senate _____XXX_________
Repeating Courses and Replacing Grades Policy

Petition

Submit to the Chair of the Department, which offers the courses.

Student Name:__________________________________________________________

UID:______________________________________________________________

Email:______________________________________________________________

Within the general guidelines of the WSU Repeating Courses and Replacing Grades Policy, I request the following:

Please replace the grade in:

Quarter Course Number________________________________________________
Quarter Course Title___________________________________________________
Term taken (quarter/year)______________________________________________

With the grade received in:

Semester Course Number________________________________________________
Semester Course Title__________________________________________________
Term taken (semester/year)______________________________________________

Rationale for Request:

Decision of Department:  ☐ approve  ☐ reject

Signature______________________________________________________________

Date:_______________________________________________________________

Send signed and dated form to the Office of the Registrar