

SUBMIT FORM TO:

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NR/IP Replacement Grade Form

Please change the grade received by

Last, First Middle

Cal ID # _____

in LAW _____ Section _____ CCN # _____

for Fall
 Spring 20 _____
(select one)

from NR
 IP to _____ (Letter Grade / CR)
(select one)

Professor's Name (please print)

Professor's Signature

Date

Record revised _____

To OR _____