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 OFall OSpring 20 (select one)			
from $\bigcirc NR$ $\bigcirc IP$ to (select one)	Letter Grade / CR)		
Professor's Name (please	e print)		
Professor's Signature		Date	
Record revised			
To OR			