



# SAINT VINCENT COLLEGE

Student ID # \_\_\_\_\_

## REPLACEMENT OF GRADE UPON CHANGE OF MAJOR

This is to certify that I do not wish to replace the grade of \_\_\_\_\_ which I received in

\_\_\_\_\_ taken in \_\_\_\_\_ included in  
(Course Number and Title) (Semester/Year)

the computation of my grade point average.

I have changed my major from \_\_\_\_\_ to \_\_\_\_\_

on \_\_\_\_\_. I understand that the replaced course will remain on my record;  
(Date)

however, I cannot reclaim credit for it in the future.

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Record adjustments will occur at the end of the semester in which the student changed his/her major.**

*Please return this form to the Office of the Registrar, First Floor, Alfred Hall.*