

I am requesting the following courses be excluded from my cumulative GPA:

COURSE NUMBER	TITLE	CR HR	TERM TAKEN	GRADE EARNED

Student Signature

Date

RETURN COMPLETED FORM TO: OFFICE OF THE REGISTRAR, IVY TECH COMMUNITY COLLEGE, 3800 North Anthony Blvd., Fort Wayne, IN 46805.

APPROVED _____

NOT APPROVED _____

Vice Chancellor for Academic Affairs

Date

Processed:

Office of the Registrar

Date

Notification: Student
 Financial Aid