



PHILADELPHIA
UNIVERSITY

PHILADELPHIA UNIVERSITY
REQUEST TO REMOVE COURSES FROM GPA

DATE: _____ PhilaU ID #: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address or Box # _____

City, State, Zip: _____

Phone Number(s): _____

PhilaU Email Address: _____

After reviewing University academic policies, I understand that these changes may impact my progress toward degree and may affect my anticipated graduation date and financial aid status. I am requesting that the courses listed below be removed from the calculation of my GPA, in accordance with a **CHANGE OF MAJOR** or **CHANGE OF CATALOG YEAR** at Philadelphia University and that the appropriate form is attached to this request.

Student Signature: _____ Date: _____

Term Taken	Course Number	Course Title	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Advisor Signature: _____ Date: _____

Director, Learning and Advising Center _____ Date: _____

Registrar's Office Signature: _____

Date Processed: _____

