



GRADE POINT EQUIVALENCY (GPE) REQUEST

Student ID or SSN: _____ Date of Birth: _____
Name: _____ Previous Names: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

My hand-written signature authorizes the Registrar's Office to release the information listed below.

Note: we do not accept electronic font for your signature. Signatures must be hand-written.

Signature: _____ Date: _____

Current Student: Yes No **Graduation Date:** _____

Verify Spring 2020: Yes **NOTE: By checking this box, you agree to have all Spring 2020 verified by the Registrar's office. Once verified, it cannot be reversed.**

Select One:

Pickup Mail to me at address above Email to me at email above
 Mail to another person at address below Email to another person at email address below

Mail to (include Name and Address of recipient):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

OR email to:

Name of recipient: _____
Email Address: _____

This report includes only those courses with verified GPEs. Courses without verified GPEs, regardless of term, are not included on this report and do not count toward the overall GPE for the student. Instances where a course has no calculated GPE could be the result of retired faculty, courses taken prior to the 2017 Fall term, the COVID-19 pandemic in Spring 2020, etc.

Return your form using a method below. Please call after submitting to ensure your request was received.

Registrar's Office
Alverno College
PO Box 343922
Milwaukee, WI 53234-3922

Phone: 414-382-6370
Fax: 414-382-6478
registrar@alverno.edu

OFFICE USE ONLY	
Date Received	_____
Initials	_____
Date Completed	_____