

Grade Point Equivalency (GPE) Request

| Student ID or SSN: | | Date: | | UG | GR |
|---|---|---|---|------------|--------------------------------|
| Name: Previous Names: | | | | | |
| Street Address: | | | | | |
| City: | State: | ZIP: | Phone: | : | |
| Email: | Date of Birth: | | | | |
| My signature authorizes the Re | egistrar's Office to relea | ase the informati | ion listed below | : : | |
| This report includes only those co not included on this report and do calculated GPE could be the resu Spring 2020, etc. Please note, GF instructors. | not count toward the ove It of retired faculty, course | erall GPE for the s es taken prior to th | tudent. Instances he 2017 fall term, | where a co | urse has no -19 pandemic in |
| Signature: | Date: | | | | |
| Hold for semester results? | Yes No | | | | |
| Select One: | | | | | |
| Pickup Mail to me at | address above | Email to me at | email address | above | |
| Mail to another person at a | ddress below E | mail to another | person at email | address b | elow |
| Mail to (include name and | l address of recipient | :): | | | |
| Name: | | | | | |
| Address: | | | | | |
| City: | State: ZIP: | | | | |
| OR email to: | | | | | |
| Name of recipient: | | | | | |
| Email address: | | | | | |
| Submit this form to the Registra | ar's Office in FO144 or | use one of the r | methods listed b | pelow: | |
| Registrar's Office | | | | | |
| Alverno College | Phone: 414-382-637 | 70 | OFFICE USE | E ONLY | |
| PO Box 343922 Milwaukee, WI 53234-3922 | Fax: 414-382-6478 registrar@alverno.e | du | Date Receive | ed: | |
| | 1 2 3 . 2 | | 1 | | |

Date Completed: _