FROM APC: Approval to Repeat a Course

Name: ____________________________  UF ID #: ____________________  Email: ____________________________@ufl.edu

Instructions:
• Complete all sections below and obtain signatures in the proper order listed.
• Acquire a signature from the college offering the course AND from a representative from the College offering your major.

1) Repeat Course Prefix/Code: ____________________________
Term(s) Taken/Grade(s) Received:
i.e. Spring 2017/C++; if multiple terms – i.e. Spring 2016/C and Fall 2017/C+

2) Personal Statement: Explain your reason(s) for repeating a course where a C or higher was earned in a previous attempt.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3) Department of Student’s Major—Approval of repeated course and authorized signature
Approved: _____  Denied: _____  Date: ________________
Comments/Conditions: ______________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Department Undergraduate Coordinator or Authorized Representative
Printed Name ____________________________

4) College of the Student’s Major – Approval of repeated course and authorized signature:
Approved: _____  Denied: _____  Date: ________________

Signature of Student ____________________________  Date ________________

5) Student Acknowledgment
I acknowledge that all grades earned for a repeat course taken at UF will be calculated in my UF GPA. The best attempt will apply toward the degree requirement. All credits will count towards excess credit hours.

Initial ____________________________
I acknowledge that if I had previous AP/IB/AICE credit for this course and then repeat this course through UF, I will receive a grade for the UF course and no credit for the prior work.

Initial ____________________________
I acknowledge that if this is my third attempt (or more) of this course, additional repeat course surcharges will apply.

Signature of Dean or Authorized Representative ____________________________  Date ________________

Comments/Conditions: ______________________________________________________
________________________________________________________________________
________________________________________________________________________

Return completed form to: Office of the University Registrar, PO Box 114000, 222 Criser Hall, Gainesville, FL 32611-4000, 352-392-1374