

(12.5.18 revision)Approval to Repeat a Course

Name:	UF ID #:	Email:	@ufl.edu
-	ow and obtain signatures in the proper or a representative from the College offering		ng the course.
L) Repeat Course Prefix/Code: Ferm(s) Taken/Grade(s) Received: .e. Spring 2017/C+; if multiple terms – i.e. Spring 2016/C and Fall 2017/C+		 College Offering Course – Approval to repeat course and authorized signature: Course Prefix/Code:Term to be taken:	
2) Personal Statement: Explain your course where a C or higher was ear		Approved: Date: Comments/Conditions:	
 3) College of the Student's Major – A 	pproval to repeat course and	Signature of Dean or Authorized R Printed Name	Representative
authorized signature: Approved: Denied: Date: Comments/Conditions:		5) Student Acknowledgment I acknowledge that all grades earned for a repeat course taken at UF will be calculated in my UF GPA. Credits will be awarded only once, and all credits will count towards excess credit hours.	
Signature of Dean or Authorized Repres	entative	Initial course and then repeat	ad previous AP/IB/AICE credit for this this course through UF, I will receive a d no credit for the prior work.
Printed Name		Initial I acknowledge that if this is my third attempt (or more) of this course, additional repeat course surcharges will apply.	
		Signature of Student	Date