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 a representative from the College offering your major AND from the College offering the course.

1) Repeat Course Prefix/Code: ___________________________
Term(s) Taken/Grade(s) Received:
n.e. Spring 2017/C+
If multiple terms – n.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) College of the Student’s Major – Approval to repeat course and authorized signature:
Approved: _____ Denied: _____ Date: ________________
Comments/Conditions: _____________________________
__________________________
Signature of Dean or Authorized Representative

4) College Offering Course – Approval to repeat course and authorized signature:
Course Prefix/Code: ______________ Term to be taken: ______________
Approved: _____ Denied: _____ Date: ________________
Comments/Conditions: _____________________________
__________________________
Signature of Dean or Authorized Representative

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.

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 Student ______________ Date ______________

Printed Name

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