

# 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: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Dean or Authorized Representative*

\_\_\_\_\_  
*Printed Name*

**5) Student Acknowledgment**

\_\_\_\_\_  
**Initial** *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 Student* *Date*

\_\_\_\_\_