

## **Approval to Repeat a Course**

Name: UF ID #:	Email:@ufl.edu
<ul> <li>Instructions:</li> <li>Complete all sections below and obtain signatures in the pro</li> <li>Acquire a signature from the college offering the course ANI</li> </ul>	•
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.	Signature of Dean or Authorized Representative
	Printed Name
) College of the Student's Major – Approval of repeated course and authorized signature:  pproved: Denied: Date:	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.
omments/Conditions:	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.
ignature of Dean or Authorized Representative	Initial I acknowledge that if this is my third attempt (or more) of this course, additional repeat course surcharges will apply.
rinted Name	Signature of Student Date
4) College Offering Course – Approval of repeated course and author signature:	ized
Course Prefix/Code:Term to be taken:	