

Repeat a Course - Undergraduate Application

Name: UF	ID#:	Email:	@ufl.edu	
 Instructions: Complete all sections below and obtain signatures in Acquire a signature from your major department AN 		om the college offering your n	najor.	
1) Repeat Course Prefix/Code:	l Comment	Comments/Conditions:		
2) Personal Statement: Explain your reason or reasons below for repeating a course where a C or higher was earned in a previous attempt.	•	Signature of Dean or Authorized Representative		
	Printed N	Printed Name		
Department of Student's Major—Approval of repeated course an authorized signature Approved: Denied: Date: Comments/Conditions: Ignature of Department Undergraduate Coordinator or Authorized Region (Continued Name) Orinted Name College of the Student's Major – Approval of repeated course and	Initial Initial presentative 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 toward excess credit hours. 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. I acknowledge that if this is my third attempt (or more) of this course,		
authorized signature: Approved: Denied: Date:	Signatu 	ure of Student	Date	