Approval to Repeat a Course

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

5) Student Acknowledgment
   _______ 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.
   _______ 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, additional repeat course surcharges will apply.

Signature of Student   Date

Initial   Initial   Initial

4) College of the Student’s Major – Approval of repeated course and authorized signature:
   Approved: _____  Denied: _____  Date: ________________
   ________________________________

Return completed form to: Office of the University Registrar, PO Box 114000, 222 Criser Hall, Gainesville, FL 32611-4000, 352-392-1374. Please allow two business days for processing.