



Permission to Repeat a Course
(Repeat Policy)

PLEASE PRINT CLEARLY

Student's CUNYfirst EMPL ID#

According to the "Repeat Policy" adopted by this Department, we are authorizing:

Student's Last Name

Student's First Name

TO RETAKE

COURSE CODE & SECTION CUNYfirst Registration

(Example MAT201.1655 19507)

COURSE SECTION CUNYfirst #

IN SEMESTER: [] Fall [] Spring Year: 20 Session I [] Session II []

Chairperson's Signature:

Date:

Department:

SPECIAL NOTE: For purposes of TAP, the above course will NOT be counted in determining the student's full-time or part-time financial aid eligibility.

Pre-Nursing Students who erroneously or intentionally enroll in a course for which a grade of D was previously earned will NOT be given credit for the course nor will a refund be granted.

Registrar's Office use only

Processed by:

Date: