

COURSE REPEAT APPROVAL FORM
FOR UNDERGRADUATE STUDENTS ONLY

Repeating Courses

1. Students' progress towards degree completion is delayed by repeating courses with passing grades. Students shall not be permitted to repeat a course in which they have received a grade of A, B, Cor CR unless that course has been designated as repeatable in the course description of the college catalog.
2. A student who has received a grade of D may re-register for the course only with the permission of the department offering the course. The department will consider a student's request only after the final grade of the course has been assigned.
3. Students may repeat a course in which a D was received only if approved by the department. The credit for that course will be applied toward the degree once, but both the grade of D and the second grade earned are calculated in the grade point average. If the course is part of a sequence, it should be repeated before continuing the sequence.

For more details, visit

<http://catalog.hunter.cuny.edu/content.php?catoid=16&navoid=1656&hl=repeating+courses&returnto=search>

Instructions to the Student:

Complete the section below and return the form to the One Stop, Room 217 North. For One Stop office hours, go to:
www.hunter.cuny.edu > ONE STOP FOR STUDENTS > REGISTRATION (dropdown menu) > Hours of Operation: One Stop & Registrar

Student: _____
(please print) Last Name First Name

EMPL ID# _____

1st Semester/Session course completed: SP: _____ SU: _____ FA: _____ WINT: _____

Course Prefix: _____ **Course Number:** _____ **Reg Code:** _____ **Grade Received:** _____

Current Semester/Session to be repeated: SP: _____ SU: _____ FA: _____ WN: _____

Course Prefix: _____ **Course Number:** _____ **Reg Code:** _____

In the space below, explain your reasons for requesting to repeat the course and why you anticipate achieving a higher grade next time.

By signing this form you acknowledge that you will lose credits for courses that are not creditable toward the degree chosen and may be financially responsible for the course.

Signature

Date

Please turn over and have department complete page 2

NOTE: Once the dept. permission has been entered by a One Stop representative, you will be registered for the approved course. Afterwards, make sure to check your CUNYFirst record to confirm registration.

Directions to Faculty: After your conversation with the student, please check the permission you are granting and sign below. Include a department stamp next to your name. The student must follow the directions at the bottom of the form.

_____ I grant the following permission: **Repeat Only**

Department Stamp

_____ Department Advisor/Chair Signature Date Department Advisor/Chair Print

_____ I grant the following permission: **Repeat and Closed Only**

Department Stamp

_____ Department Advisor/Chair Signature Date Department Advisor/Chair Print

_____ I grant the following permission: **Repeat and Pre/Co-requisite only**

Department Stamp

_____ Department Advisor/Chair Signature Date Department Advisor/Chair Print

_____ I grant the following permission: **Repeat and Pre/Co-requisite and Closed**

Department Stamp

_____ Department Advisor/Chair Signature Date Department Advisor/Chair Print

INTERNAL FOR OFFICE OF THE REGISTRAR USE ONLY	
_____ Date Received & Processed	_____ initials

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