

STETSON UNIVERSITY

Course Retake *(Passed Course Only)*

_____	800	_____
Student Name	Student ID	Symbol & Number of Course to be Re-taken
_____	_____	_____
Title of Course	Semester Course Originally Taken	Semester Course to be Re-taken**

Comments		

Note: It is the responsibility of the student to obtain signatures from Financial Aid, and Athletics (if appropriate) to check any issues they may incur prior to retaking or repeating a course.

Student Signature _____ Date

Course Retake- Only one attempt will count toward credits earned for graduation; however, both attempts will count in students cumulative GPA and in the GPA calculation for graduation honors. All attempts will remain on the academic transcript.

***Note: Student must seek a repeat override from the Registrar's Office at the time of registration to register for the course.**

Financial Aid _____ *(signature required)*

Athletics Certifying Officer _____ *(signature required if athlete)*

Comments

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(Registrar's Office Use Only)

Date Received: _____ Date Processed: _____ Initials: _____