

# STETSON UNIVERSITY

## Course Retake *(Passed Course Only)*

***Dean Signature Required***

_____	<b>800</b>	_____
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)*

Approved     Denied

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments

.....  
(Registrar's Office Use Only)

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_