



RETAKE COURSE FORM

This form is used to register you for the course you are retaking. To replace the previous grade in your GPA, submit the [Repeat Course form](#).

Student Information

Last Name _____ First Name _____

R# _____ Ramapo Email: _____@ramapo.edu

Student Level: Undergraduate Graduate

Retake Course Information

Fall Winter Spring Summer Year: _____

Course Title: _____

CRN: _____ Course Section ID (ex. BIOL 101-01): _____ - _____

READ AND INITIAL NEXT TO EACH STATEMENT:

_____ 5 for this course will only count towards the total credit requirements necessary for graduation
(Topics courses, if appropriate, may count more than once).

_____ I understand that my degree audit will not reflect this properly if I am not using the U.Achieve degree audit and _____ e

Student Signature: _____ Date: _____

*Dean's/Program Director's Approval is only required if you are retaking any course more than once or if you are retaking a science lecture wit

