NAME
______________________________________________
Last    First  Middle Initial

MAILING ADDRESS
__________________________________________________________________________
__________________________________________________________________________

COURSE BEING REPEATED
_____________________________________________________________________
SUBJECT/NUMBER  TITLE

ORIGINAL GRADE RECEIVED
___________________________________________________________________

TERM COURSE ORIGINALLY TAKEN
______________________________________________________________________

TERM COURSE BEING REPEATED
____________________________________________________________________

Undergraduate students may repeat a course and request that only the latter of the two grades be counted toward their GPA calculation under the following conditions: (Please initial each number.)

_____ 1. **You are limited to a maximum of two (2) such requests**, which may be used for repeating two (2) different courses or repeating the same course twice. Course(s) must have been taken in residence at Hofstra.

_____ 2. **The original grade will remain on the transcript** with a notation that it was not included in the GPA calculation.

_____ 3. This form must be submitted to the Office of Academic Records and Registrar no later than the end of the 10th week of the semester in which the course is being repeated, or the equivalent for a course that does not follow a regular semester schedule.

_____ 4. **Semester hour credit toward graduation will be given only once.**

• This GPA exception may only be requested during a student’s tenure as a matriculated undergraduate student.
• If the course is no longer available when the request is made, no other course may be substituted.
• Repeating a course more than once may impact your financial aid. Please consult with the Office of Student Financial Services.

NOTE: GPA exceptions are not permitted when a grade in a course was given due to academic dishonesty.

I do hereby sign that I have read and understand the above conditions for repeating a course.

__________________________________________  ______________________________________
Academic Records and Registrar signature and date  Student signature and date

Student email address

This form must be submitted to the Office of Academic Records and Registrar for processing. The form is processed once the new grade is submitted.