

Office of Academic Records and Registrar

207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

GRADUATE REPEAT COURSE REQUEST FORM

			DATE
NAME			HOFSTRA ID: 70
Last	First	Middle Initial	
MAILING ADDRESS			
 Graduate students may repeat a course with the for a repeat course, a graduate student must su chair of the department or program, to the Off 	ıbmit this form, sign	ed by the graduate prog	
• Graduate students may repeat a course only or	nce to receive credit	toward their GPA.	
• Graduate students may repeat no more than tw	vo courses to receive	credit toward their GPA	Α.
• Both the grade for the initial course and the grappear on the transcript. Credit toward the deg	rade for the repeat corree is awarded only	ourse are included in the once for this course.	e calculation of the GPA, and both grades
• Repeating a course more than once may impact	et your financial aid.	Please consult with the	e Office of Student Financial Services.
Note: Students may not repeat a course for credit to	oward the GPA if that	course was a prerequisite	for a course that has already been taken.
COURSE BEING REPEATED			
Su	bject/Number		Title
ORIGINAL GRADE RECEIVED			
SEMESTER/YEAR COURSE ORIGINALLY	TAKEN		
SEMESTER/YEAR COURSE BEING REPEA	TED		
ALLOW FOR GPA CREDIT? YES NO)		
I do hereby sign to acknowledge that I have	e read and understa	and the above condition	ons for repeating a course.
Student signature and date		Graduate program director/ac	dviser signature and date

Academic Records and Registrar representative signature and date

Chair signature and date