

The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08625-0718

Phone: (609)771-2141 Fax: (609)637-5184

REPEAT OF COURSE AUTHORIZATION FORM

Last Name:		First Name:			MI:	PAWS ID:	
Phone:	TCNJ E-Mail:			Major			
A student may repeat any chair of the department in videscribed in the catalogue accourses taken at the College	vhich the student is major as " may be repeated ") pric	ring and the c or to registrati	hair of the ion. Please	department offer note that a grad	ering the co	ourse (except for co	ourses
Note: Only the most current o	grade will count in the aver	age of enginee	ring major	5.			
Repeat of Course Information in keeping with the above o		ned student n	nay repeat	:			
				in the		Semester of	
Course # Section* Please specify a class section	Course Title				l, Spring, er, or Winter		Year
Previous times taken:							
First time taken:			Taken:	at TCNJ	☐ at an	nother institution	
	Semester/Year	Grade					
Second time taken:	Semester/Year	Grade	Taken:	at TCNJ	☐ at an	nother institution	
Third time taken:			Taken:	at TCNJ	at an	nother institution	
	Semester/Year	Grade					
All signatures are required	for valid registration. Prese	ent completed	form to the	· Office of Record	ls and Regist	tration at the time c	f registration
	, and the second	·			J		J
Advisor Signature		Printed	Printed Name				
Chair, Major Department Signature		Printed	Printed Name				
Chair, Offering Department Signature		Printed	Printed Name			Date	
Student Signature				Date			