

# The College of New Jersey

Office of Records & Registration  
P.O. Box 7718, Ewing, NJ 08628-0718  
609-771-2141

## REPEAT OF COURSE AUTHORIZATION FORM

NAME: Last First M.I.	ID #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (6 digit PAWS ID #)
PHONE: EMAIL:	MAJOR:

**A student may repeat any course once without authorization.** For any subsequent repeats, permission *must* be obtained from the chair of the department in which the student is majoring *and* the chair of the department offering the course (*except* for courses described in the catalog as “*may be repeated*”) prior to registration. Please note that a grade of “W” is a repeat instance. This applies to courses taken at the College as well as courses officially transferred to the College.

*Note: Only the most current grade will count in the average of engineering majors.*

### Repeat of Course Information

In keeping with the above cited policy, the above named student may repeat:

\_\_\_\_\_\*\_\_\_\_\_  
Course No. Section Course Title in the \_\_\_\_\_ Semester of \_\_\_\_\_  
Fall, Spring, Summer, or Winter Year  
*\*Please specify a class section*

Previous times taken:

First Time Taken: Semester \_\_\_\_\_ Grade: \_\_\_\_\_  
☐ at TCNJ ☐ at another institution Fall, Spring, Summer, or Winter Year

Second Time Taken: Semester \_\_\_\_\_ Grade: \_\_\_\_\_  
☐ at TCNJ ☐ at another institution Fall, Spring, Summer, or Winter Year

Third Time Taken: Semester \_\_\_\_\_ Grade: \_\_\_\_\_  
☐ at TCNJ ☐ at another institution Fall, Spring, Summer, or Winter Year

### Signatures

All signatures are required for valid registration. Present completed form to the Office of Records and Registration at the time of registration.

Advisor: \_\_\_\_\_  
Signature Print Name Date

Chair, major department: \_\_\_\_\_  
Signature Print Name Date

Chair, offering department: \_\_\_\_\_  
Signature Print Name Date

Student: \_\_\_\_\_  
Signature Date