The College of New Jersey

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

REPEAT OF COURSE NOTIFICATION FORM

NAME: Last First M.I.	ID #: ☐☐☐☐☐☐ (6 digit PAWS ID #)
PHONE: EMAIL:	MAJOR:
ADDRESS: Street City State Zip	

A student may repeat any course once without authorization. However, to take a course more than twice, 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"***) with the "Repeat of Course Authorization Form".

****This form must be filled out in order for the student's cumulative average to be adjusted using the highest grade once a course is repeated.** *Note: Only the most current grade will count in the average of engineering majors.*

Repeat of Course Information

Course Number: _____ Course Title: _____

I have repeated the above course in each semester as follows:

First Time Taken: Semester _____ Grade: _____
Fall, Spring, or Summer Year

Second Time Taken: Semester _____ Grade: _____
Fall, Spring, or Summer Year

Third Time Taken: Semester _____ Grade: _____
(if necessary) Fall, Spring, or Summer Year

Fourth Time Taken: Semester _____ Grade: _____
(if necessary) Fall, Spring, or Summer Year

Signature required for cumulative average adjustment. Present completed form to the Office of Records and Registration after the course is repeated.

Student: _____ Date: _____

Revised: 08/09