



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 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 catalogue 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 #	Section*	Course Title	in the	Semester of	Year
				Fall, Spring, Summer, or Winter	

\*Please specify a class section

Previous times taken:

First time taken: \_\_\_\_\_ Taken:  at TCNJ  at another institution  
 Semester/Year Grade

Second time taken: \_\_\_\_\_ Taken:  at TCNJ  at another institution  
 Semester/Year Grade

Third time taken: \_\_\_\_\_ Taken:  at TCNJ  at another institution  
 Semester/Year Grade

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

_____ Advisor Signature	_____ Printed Name	_____ Date
_____ Chair, Major Department Signature	_____ Printed Name	_____ Date
_____ Chair, Offering Department Signature	_____ Printed Name	_____ Date
_____ Student Signature	_____ Date	