

The College of New Jersey  
Office of Records and Registration  
P.O. Box 7718, Ewing, NJ 08628-0718  
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:	<input type="checkbox"/> at TCNJ	<input type="checkbox"/> at another institution
	_____ Semester/Year	_____ Grade		
Second time taken:		Taken:	<input type="checkbox"/> at TCNJ	<input type="checkbox"/> at another institution
	_____ Semester/Year	_____ Grade		
Third time taken:		Taken:	<input type="checkbox"/> at TCNJ	<input type="checkbox"/> 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	