

**THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
REQUEST PERMISSION TO REPEAT A COURSE**

Name _____ Student ID # _____

I request permission to repeat a course for the following reason: (check one)

- _____ received a grade of "F"
- _____ enrolled in over 10 years ago
- _____ completing another internship/externship in a different setting
- _____ received a "C" level grade (C-, C, or C+) ***Must meet all of the following criteria:***
 - *The course must require a B- or better for program completion to be eligible for retake; this includes a C grade that is preventing the required 3.0 GPA.*
 - *The course has not been attempted twice already.*
 - *The student has not already retaken three courses in the Master's Program.*

Program: _____ Semester/Year course was previously taken: _____

Course: _____ Semester requesting registration: _____ CRN# _____

(Important: You must include the CRN# for registration purposes)

Justification for Repeat: Please describe the circumstances that led to the grade earned, and why you believe you will be more successful if given the opportunity to take it again. Please use more space if needed.

Student's Signature _____ Date _____

Graduate Program Coordinator: Approve _____ Deny _____

Signature _____ Date _____

If approved, forward The Graduate School. If denied, return to student. Student may appeal denial.

Assistant Director of Student Success Signature
The Graduate School

Date