

USE THIS FORM TO PETITION TO REPEAT A COURSE IN WHICH A C- OR LOWER WAS EARNED
PROCEDURES: 1. Complete Form. 2. Have Advisor approve and sign in the box below. 3. Have the department in which you are repeating the course approve and enter the RPTS permit in the computer and initial the RPTS box below. 4. REGISTER FOR THE COURSE; THE PERMIT DOES NOT COMPLETE THE REGISTRATION. 5. Bring form to Student Records for approval from the Dean of Academic Services and Registrar

SAMFORD UNIVERSITY
PETITION TO REPEAT A COURSE

Permit Code -- RPTS

Advisor Approval
 Date _____

Upon the recommendation of the advisor and with the approval of the Dean of Academic Services, an undergraduate student may repeat a course for credit in which she or he received a C- or lower to improve her or his grade and cumulative grade-point average, as well as her or his understanding of course content.

When a course grade of C- or lower is repeated at Samford, only the last grade, even if it is lower, will count in the calculation of the cumulative average. The credits count only once. ***Both courses and both grades remain on the transcript with an indication of which course is counted in the computation of the cumulative-grade point average.*** The repeated course must be exactly the same course that was originally taken and must be repeated at Samford. ***Courses repeated will NOT change your Convocation requirements for the repeated semester(s).***

Repeating a course may influence a student's financial aid or sports eligibility. Courses repeated at other institutions do not change the Samford cumulative grade-point average. Courses repeated after graduation will not change the graduation GPA.

A course can be repeated only once. A student may take advantage of this policy for no more 16 credits.

The deadline for submitting this completed form is the last day to add a course in the semester, term or session the repeated course is being taken again.

Name: _____ **Date:** _____
 (Print) (Last) (First) (Middle)

Banner SUI d No.: 9 _____ **SU Email:** _____@samford.edu **SU Box:** 29 _____

Telephone Number: _____

I would like to repeat the following course(s) during the _____ semester/term.

1. _____ Semester/Term _____ Grade Earned _____ Credits _____
 Course name and number (i.e., ACCT 211)
2. _____ Semester/Term _____ Grade Earned _____ Credits _____
 Course name and number (i.e., MATH 110)

Student's Signature _____ **Date**

***Dean of Academic Services and Registrar Approval** _____ **Date**

_____ for office use only **Student Notified of Approval** _____
 Date