The College of New Jersey

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

REPEAT OF COURSE AUTHORIZATION FORM

NAME: Last First M.I.	ID #: ☐☐☐☐☐☐☐☐ (8 digit TCNJ 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"***) prior to registration.
Once a course is repeated, the "Repeat of Course Notitification Form" must be filled out in order for the student's cumulative average to be adjusted using the highest grade. *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:

_____ _____ in the _____ Semester of _____
Course Number Course Title Fall, Spring, or Summer Year

Previous times taken:

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

Signatures

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

Advisor: _____ Date: _____

Chair, major department: _____ Date: _____

Chair, offering department: _____ Date: _____

Student: _____ Date: _____

Revised: 10/07