

Graduate Repeat Course Approval

Use this form to inform the Office of the Registrar of a course that you are repeating.

Name	ID#	
Address		
City	State	Zip Code
Mobile phone Work p	hone	
Email Fax		
Course that you wish to repeat:		
Course number and title		
Original enrollment term		
Repeat enrollment		
When you complete the repeat course form and repeat calculation of a grade point average (GPA). Both the orig transcript. It is important to note that a graduate stu	inal and the repeate	ed course will appear on the
Please note that while your GPA calculation includes only academic progress calculation includes both course atte	y the highest grade, mpts.	, your academic satisfactory
Student signature		Date
Advisor approval		Date
School signature		Date
Once this form has been signed by the student and advi for processing:	sor, it should be ser	nt to the appropriate school

School for Graduate Studies fax 518-587-9760 Grad.Services@sunyempire.edu School of Nursing and Allied Health fax 518-587-5126 SONAH.Services@sunyempire.edu