



OFFICE OF THE REGISTRAR

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UNDERGRADUATE - RETAKE COURSE FORM

Date: _____

I, _____, R# _____ have asked the Registrar's office to register me for:

Term: _____ Fall _____ Winter _____ Spring _____ Summer Year: _____

Course Title	Subj/Number / Section	CRN
_____	_____	_____

INITIAL NEXT TO EACH STATEMENT:

_____ I understand that this is a retake course and that my GPA will be affected by the final grade earned.

_____ Credits for this course will only count once towards the total credit requirements necessary for graduation. (Topics courses, if appropriate, may count more than once.)

_____ I understand that my degree audit will not reflect this properly if I am not using the U.Achieve degree audit. It is my responsibility to bring it to the attention of my advisor and Dean when applying for graduation.

_____ I understand that if would like to avail myself of the Retaking and/or Repeating Courses Policy (exclude Grade from GPA calculation) I must contact the Center for Student Success. (Policy Link: <https://www.ramapo.edu/provost/policy/repeat-course/>)

Print Name: _____ Signature: _____

Dean's Signature: _____ **(REQUIRED IF COURSE IS TAKEN MORE THAN TWICE)**

<p>For Office Use Only:</p> <p>Number of Times Taken: _____ (More than 2 times require the Dean's approval.)</p> <p>Registration entered by _____ Date _____</p>
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