



OFFICE OF THE REGISTRAR

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**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 I 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)**

For Office Use Only:

Number of Times Taken: \_\_\_\_\_ (More than 2 times require the Dean's approval.)

Registration entered by \_\_\_\_\_ Date \_\_\_\_\_