



OFFICE OF THE REGISTRAR

o. (201) 684-7695 | f. (201) 684-7956
e: reg@ramapo.edu | ramapo.edu/registrar

RETAKE COURSE FORM

This form is used to register you for the course you are retaking. To replace the previous grade in your GPA, submit the [Repeat Course form](#).

Student Information

Last Name _____ First Name _____

R# _____ Ramapo Email: _____@ramapo.edu

Student Level: Undergraduate Graduate

Retake Course Information

Fall Winter Spring Summer Year: _____

Course Title: _____

CRN: _____ Course Section ID (ex. BIOL 101-01): _____ - _____

READ AND 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 and it is my responsibility to bring it to the attention of my advisor/program director and dean when applying for graduation.

Student Signature: _____ Date: _____

*Dean's/Program Director's Approval is only required if you are retaking any course more than once or if you are retaking a science lecture without the associated lab (or vice versa).

Dean's/Program Director's Signature: _____ Date: _____

Office Use Only

Initials: _____ Date: _____ GR entered

Revised 8/23