

THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY

REQUEST FOR PERMISSION TO REPEAT A COURSE

Return the completed form, with all signatures, to The Graduate School,
College Hall 203, Montclair State University
Upper Montclair, NJ 07043

Use this form when requesting Permission to Repeat a Course for which the grade received was an "F". Please type or print clearly. After your graduate adviser approves the request, all copies of the form should be sent to The Graduate School for final approval.

Name _____ Date of Request _____

Address _____ Social Security No _____ - _____ - _____

I request permission to repeat a course for which I previously received a grade of "F":

Program _____ Concentration _____

Semester/Year of course _____ Course _____

Justification for permission: _____

Student's Signature _____ Date _____

Graduate Adviser's Signature _____ Date _____

The Graduate School's Use Only

_____ Approved _____ Denied _____
(Comments)

Signature _____ Date _____

Web Form Distribution:

The Graduate School

Student (after The Graduate School has signed)

Graduate Adviser (after The Graduate School has signed)