THE GRADUATE SCHOOL  
MONTCLAIR STATE UNIVERSITY  
REQUEST PERMISSION TO REPEAT A COURSE

Please type or print clearly. **After your Graduate Program Coordinator approves the request and submits a permit for your registration,** the form should be sent to the Graduate School for final approval. Once approved, the Office of the Registrar will register you for your course(s).

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
I request permission to repeat a course for the following reason: (check one)

\_\_\_\_\_\_ received a grade of “F”  
\_\_\_\_\_\_ enrolled in over 10 years ago  
\_\_\_\_\_\_ completing another internship/externship in a different setting

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year of course previously taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Course: \_\_\_\_\_\_\_\_\_\_\_ Semester requesting registration: \_\_\_\_\_\_\_\_\_\_\_\_\_ **CRN#\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **(Important: You must include the CRN# for registration purposes)**

Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program Coordinator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Graduate School and Office of the Registrar Use Only*

\_\_\_\_\_ Approved \_\_\_\_Denied (reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Academic Services Coordinator Signature Date  
  
\_\_\_\_\_\_\_ Student is registered for course

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Assistant Registrar Signature Date

Distribution: The Graduate School, Student, Graduate Program Coordinator, Office of the Registrar