THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPEAL TO REPEAT A COURSE

Name _______________________________      Student ID #_____________________________

I wish to appeal the denial of my request to repeat a course for the following reason: (check one)

_____ Received a grade of “F”    _____ Enrolled in over 10 years ago    _____ Other

Program: _______________    Course: _______________    CRN# _______________

Semester requesting registration: _______________    Semester Originally Taken _______________

Appeal Rationale - Please provide any relevant information not included in your initial request, or use this opportunity to clarify any information you feel requires further explanation. You may attach additional documents.*You must attach the original petition (Form TGS Repeat 1) with denial noted.

_____________________________________________________________________________________________
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_____________________________________________________________________________________________
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Student’s Signature _______________________________      Date_____________________

TGS Use Only
TGS Representative Name: _______________________________

Approve _______    Deny _______    Approve with Conditions _______

Conditions for Approval ____________________________________________________________

Signature _______________________________      Date _______________________

(TGS will forward copies to the student and the GPC)

TGS Repeat 2