

**.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.

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)