

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

Name _____ Student ID # _____

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)

Justification for Repeat (*to be filled in only if student failed the course*): Please describe the circumstances surrounding your failure, and why you believe you will successfully complete the course if given the opportunity to take it again. Please use more space if needed.

Student's Signature _____ Date _____

Graduate Program Coordinator: Approve _____ Deny _____

Signature _____ Date _____

(If approved, forward to The Graduate School. If denied, return to student. Student may appeal denial.)

Assistant Director of Student Success Signature
The Graduate School

Date