UF UNIVERSITY of FLORIDA

Repeat a Course - Undergraduate Application

Name: _____ **UFID#:** _____ **Email:** _____ **@ufl.edu**

Instructions:

- Complete all sections below and obtain signatures in the proper order listed.
- <mark>Acquire a signature from your major department AND from a representative from the college offering your major.</mark>

---

1) **Repeat Course Prefix/Code:** _____

Term/Terms Taken & Grade/Grades Received: _____

e.g. Spring 2017/C+; if multiple terms – e.g. Spring 2016/C and Fall 2017/C+

2) **Personal Statement:** Explain your reason or reasons below for repeating a course where a C or higher was earned in a previous attempt.

3) **Department of Student's Major—Approval of repeated course and authorized signature**

Approved: Denied: Date: _____

Comments/Conditions: _____

_____

_____
Signature of Department Undergraduate Coordinator or Authorized Representative

_____
Printed Name

4) **College of the Student's Major – Approval of repeated course and authorized signature:**

Approved: Denied: Date: _____

Comments/Conditions: _____

_____

_____
Signature of Dean or Authorized Representative

_____
Printed Name

5) **Student Acknowledgment**

_____ *I acknowledge that all grades earned for a repeat course taken*
Initial *at UF will be calculated in my UF GPA. The best attempt will apply toward the degree requirement. All credits will count toward excess credit hours.*

_____ *I acknowledge that if I had previous AP/IB/AICE credit for this*
Initial *course and then repeat this course through UF, I will receive a grade for the UF course and no credit for the prior work.*

_____ *I acknowledge that if this is my third attempt (or more) of this course,*
Initial *additional repeat course surcharges will apply.*

_____
Signature of Student   *Date*