DEPARTMENT OF BIOLOGICAL SCIENCES

Authorization to Repeat a Course for Biology Majors

This is not a grade replacement form. Please complete in blue or black ink.

Student Name (please print): ____________________________  Student Identification Number: 80______________________

Student Signature: ________________________________  UNC Charlotte Email Address: ____________________________

Students must submit this form for permission to retake a course in which they previously earned a grade of B, C, or D. Submit your completed form to the Biological Sciences Student Service’s office, located in Woodward 249.

Please read and then initial next to each statement below:

______ I understand that this is not a Grade Replacement Request. If I choose to use Grade Replacement, I will file my request online at my.uncc.edu by the last day of the Add/Drop period for the semester in which I will repeat the course. Grade Replacement requests filed after the stated deadline, or filed retroactively in a subsequent semester, will NOT be approved. The deadline is published here: http://registrar.uncc.edu/calendar.

______ I understand that the grade for both attempts of the course will factor into my GPA, unless I filed a Grade Replacement request by the stated deadline. I will not receive credit hours for a repeated course.

______ If approved, I understand that my authorization will be issued within 72 hours (3 business days) of submission of this form to Student Services.

______ I understand that it is my responsibility to register for this course, and that a repeat authorization does not guarantee course availability or a seat in the class. The override will not allow you to register for a closed class.

List the courses you wish to repeat and the term in which you plan to repeat:

1. ____________________________________________  □ Fall 20__ □ Spring 20__ □ Summer I 20__ □ Summer II 20__

   Explain why you are repeating the course: __________________________________________________________

2. ____________________________________________  □ Fall 20__ □ Spring 20__ □ Summer I 20__ □ Summer II 20__

   Explain why you are repeating the course: __________________________________________________________

Advisor’s Comments: ____________________________________________________________________________

Advisor’s Signature: ____________________________  Date: ____________________________

Departmental Signature: ____________________________  Date: ____________________________

□ Approved  Entered in Banner: ____________________________

□ Denied  Student Emailed: ____________________________