

FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL

COURSE REPEAT REQUEST FORM

The Graduate School policy states:

**“With approval, a graduate student will be allowed to repeat a maximum of two courses in which the student has been assigned a grade of F, C or U (but not a grade of “T”).** If the course grade has resulted in termination of enrollment, the student must appeal to be reinstated in order to repeat the course. The grades earned on the first attempt and on the repeat attempt will remain a part of the student’s permanent record and will be shown on the student’s transcript. However, the grade and hours earned in the first attempt will not be computed in the grade point average. Enrollment will be terminated if a student receives a grade of F or U in a repeated course. **A given course may be repeated one time only.**

Students are not allowed to repeat courses without the approval of the department chair, dean of the student’s school or college, and the Dean of the Graduate School. To request approval to repeat a course, the student must write a letter to the Dean of the Graduate School explaining the reasons for the need to repeat the course, including documentation of mitigating circumstances. The student’s department chair and school/college dean must also write a letter in support of the student’s request. The Dean of The Graduate School will submit the request to the Academic Policy and Evaluation Committee of the Graduate Council. The Dean of The Graduate School then will submit the Committee’s recommendation to the full Graduate Council for a decision. Courses approved for repetition must be completed at Fayetteville State University” (see The Graduate Catalog 2010-2011, p. 68-69.)

Supporting documentations must be attached to this form.

Registration Term: Fall 20\_\_ Spring 20\_\_ Summer I 20\_\_ Summer II 20\_\_

Student’s Name: \_\_\_\_\_  
(Last) (First) (MI)

Banner ID: \_\_\_\_\_ Degree Program: \_\_\_\_\_

I request to repeat the courses below:

Course Title	Course Number	Credit Hours

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_

Dean School/College: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_

Dean of The Graduate School: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_ Disapproved \_\_\_

Cc: Student Program Coordinator      Department Chair Dean School/College      Dean of The Graduate School Registrar’s Office (Original)