Course Repeat Form
Simon School of Business
University of Rochester
Registrar’s Office, 305 Schlegel Hall
Phone: (585) 275-3533 / Fax: (585) 271-3907

Repeating Courses - Simon School Policy:
Students may be advised to repeat courses in an effort to improve their academic record. Other students may elect to repeat courses to better their understanding and recorded performance in a given course.

A student who repeats a course should understand that repeating a course in which s/he earned a grade of “C” or better replaces the grade but does not increase the total number of credit hours earned; the course is only counted once. In addition, the second grade (not necessarily the better grade) is used in computing the grade point average.

Both courses and their respective grades appear on the transcript but only the repeated course is calculated in the grade point average.

Students may retake a course only once and students are responsible for full payment of all repeated courses; scholarship awards will not be applied to repeated courses.

Return the completed form to the Registrar’s Office (305 Schlegel Hall) or fax to (585) 271-3907. This request will be processed based on the date it is received.

Today’s Date: _________________________
Month           Day            Year

Student Name:
Please print Last     First    Middle
_________________________________________________________________________

Student’s signature: _________________________________________________________________________

UID#: ______________________________ Program: ___________________________________________

Original Course:
Course number & section     Credit Hours     Course Title     Original Quarter Course Was Taken
____________________________________     __________     ________________________________    ___________________

Indicate the course and the quarter in which the above course has, or will, be repeated.
Course number & section     Credit Hours     Course Title     Quarter to repeat the course
____________________________________     __________     ________________________________    ________________

Comments

Registrar’s Office Use Only:
Date received/by: __________
Date processed: __________
Both Darden Attributes Checked: _______
Bursar and Fin Aid notified: __________

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