



## C- TO F Repeat Application

(Please Print)

Name \_\_\_\_\_ ID# \_\_\_\_\_

I hereby make application to repeat \_\_\_\_\_,  
**Department & Course #**

\_\_\_\_\_  
**Course Title**

This course was first taken during the \_\_\_\_\_ fall; \_\_\_\_\_ spring; \_\_\_\_\_ summer of \_\_\_\_\_ of 20\_\_\_\_.  
My final grade was \_\_\_\_\_; the professor was \_\_\_\_\_.

This course **will be retaken** during the \_\_\_\_\_ fall; \_\_\_\_\_ spring; \_\_\_\_\_ summer of 20\_\_\_\_.

Check one: \_\_\_\_\_ This course **has not been** repeated previously.

\_\_\_\_\_ This course **has been** repeated previously.

Please note: When a course is repeated at Wesleyan, both the original grade and the grade in the repeated course will appear on the permanent record. The first grade will be ignored when computing the grade point average. The last grade will be used in computation. If a course is repeated more than one time, the last grade will be used in computation. Please refer to the academic catalog for specific information regarding both the C- to F repeat policy and transfer credit policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Campus Box # \_\_\_\_\_ Email \_\_\_\_\_

---

---

### **ACTION OF THE REGISTRAR**

This request is \_\_\_\_\_ approved; \_\_\_\_\_ not approved.

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date

\*\*\***NOTE:** Nursing students may repeat a support course or a nursing course only once.