

SPECIAL COURSE REPEAT FORM

A student attempting to take a course more than three times, must meet with their Major Department Chairperson prior to registering for the course.

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
First Middle Last

Degree: _____ Major: _____

Repeated Course Information:

Course: _____

e.g. ENGL 101

Number of attempts: _____

e.g. 4th

Please list each semester, year and grades earned of previous attempts below:

<u>Semester / Year</u>	<u>Grade Earned</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature Required:

Major Department Chairperson: _____ **Date** _____

This form must be submitted in person to the Registrar's Office with an ADD/DROP for processing.

Office of the Registrar

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