Authorization to Repeat a Course
(This is not a grade replacement form)

Student Name: ________________________________________  Student ID#: 800________________
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 Business Advising Center, located in Friday 368 or fax to 704.687.1388.

Please read and initial next to the statements below:

____ I understand that this is not a Grade Replacement Request. If I choose to use Grade Replacement, I will file my request online in my.uncc.edu by the deadline (the last day to drop/add courses) published on the University Academic Calendar.

____ I understand that my repeat authorization will be issued within 48 hours of me submitting this form to the Business Advising Center. I can see when my authorization is issued in Banner Self Service by selecting “Student Services,” then “Student Accounts,” then “Registration,” and finally “Check Registration Status.”

____ I understand that it is my responsibility to register for this course, and that a repeat authorization does not guarantee course availability.

____ I understand that for prerequisite purposes, the most recent grade will be used whether or not it is the highest and whether or not grade replacement is elected.

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

1. ______________________________________  □ Fall  □ Spring  □ Summer I  □ Summer II
   Explain why you are repeating the course: __________________________________________________

2. ______________________________________  □ Fall  □ Spring  □ Summer I  □ Summer II
   Explain why you are repeating the course: __________________________________________________

3. ______________________________________  □ Fall  □ Spring  □ Summer I  □ Summer II
   Explain why you are repeating the course: __________________________________________________

This request for authorization is: □ Approved  □ Denied  Advisor Initial & Date: _______________________________