Repeat Course Request

Student Name: _____   Date: _____

UB ID: _____   Major/Program: _____

Undergraduate: _____   Graduate: _____

I wish to repeat the following course:

Class No.	Course Name	Year and Term Taken	Grade Received

I have registered for the following course as a repeat of the above:

Repeat Course Policy: If a course is repeated to replace a grade, the replacement grade is calculated into the student's grade point average, regardless of whether it is higher or lower than the original grade

Student Signature: _____   Date: _____

Adviser Signature: _____   Date: _____

Please forward completed form to:
University of Baltimore | Office of the University Registrar
Academic Center, Room 126 | 1420 N. Charles St. Baltimore, MD 21201
E: records@ubalt.edu | T: 410.837.4825 | F: 410.837.4820