Authorization to Repeat a Course for Biology Majors

Please complete in blue or black ink.

Student Name (please print): _____________________________ Student Identification Number: 80______________________

Student Signature: _____________________________ 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.

NOTE: Please read and then initial next to each statement below:

_____ Grade Replacement – Will automatically be applied for the first 2 courses (up to 8 credits) where the previous grade earned was a C or below. Students wishing to opt out must do so online at my.charlotte.edu by the withdrawal deadline.

_____ I understand that the grade for both attempts of the course will factor into my GPA unless a Grade Replacement is applied by the stated deadline. I will not receive credit hours for a repeated course.

_____ If approved, I understand that my override will be issued within 72 hours (3 business days) of submission of this form.

_____ I understand that it is my responsibility to register for this course, and that a repeat override does not guarantee course availability or a seat in the class. The override will not allow me to register for a closed class.

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

1. _____________________________ □ Fall 20□ Spring 20□ Summer 20□

   Explain why you are repeating the course: _____________________________

2. _____________________________ □ Fall 20□ Spring 20□ Summer 20□

   Explain why you are repeating the course: _____________________________

Advisor’s Comments: _____________________________

Advisor’s Signature: _____________________________ Date: _____________________________

Departmental Signature: _____________________________ Date: _____________________________

□ Approved Entered in Banner: _____________________________

□ Denied Student Emailed: _____________________________