STONY BROOK UNIVERSITY
GRADUATE COURSE RETAKE APPROVAL FORM

Note: This form must be submitted in person to the Graduate School for approval and then to the Registrar’s Office, 276 Administration Building for processing. No faxed copies are permitted.

*After registration deadlines have passed, a late registration form must also be submitted and a fee for the processing of this form will be assessed.

Student Name ___________________________ Stony Brook ID ___________________________

Telephone ___________ E-Mail ___________________________

Term ___________ Program ___________ Cumulative GPA ___________

Course Taken on First Attempt________________ Grade Earned on First Attempt _______________

Are you an international Student? Yes ☐ No ☐

Do you have any other degree requirements remaining for completion? Yes ☐ No ☐

Note: Check SOLAR for seat availability. If the sections you note below are not available at the time your form is processed, we will attempt to enroll you in another open section or add you to the waitlist (if a waitlist exists).

1st Choice Course Retake & Section # __________________ Five-digit Class # _______________

2nd Choice Course Retake & Section # __________________ Five-digit Class # _______________

3rd Choice Course Retake & Section # __________________ Five-digit Class # _______________

Why are you seeking to retake this course?

If approved, I understand that the only most current grade will be included in my cumulative GPA. More information on the policy can be found in the Graduate Bulletin
http://sb.cc.stonybrook.edu/gradbulletin/current/regulations/grading_policy/grading_system.php

Student Signature________________________ Date________________________

FOR PROGRAM AND GRADUATE SCHOOL COMPLETION

Approved _______  Denied _______

Course Instructor Signature (for all requested sections) ___________________________

Graduate Program Signature ___________________________

VIS Signature (For International Students Only) ___________________________

Graduate School Signature ___________________________