



# Course Repeat/Forgiveness Declaration

The University of Alabama in Huntsville – Student Services Building Room 120  
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Name: \_\_\_\_\_ Student ID: A \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_@uah.edu

College: (circle one) AHSS – Business – Education – Engineering Semester: (circle one) Fall – Spring – Summer

Major: \_\_\_\_\_ Academic year: 20\_\_\_\_\_

## GRADUATE STUDENTS

### COURSE REPEAT

Please supply the following information for the course you wish to repeat with grade replacement:

Department	Course Number	Credit Hours	Semester Taken	Semester Repeated
_____	_____	_____	_____	_____

I understand that only **one (1)** course repeat with grade replacement is permitted during my entire graduate career and any additional courses repeated will be averaged in my GPA.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Return this form to Registrar's Office (SSB 120)

## UNDERGRADUATE STUDENTS

### COURSE REPEAT EXEMPTION

The course listed below should **NOT** count as a **course repeat**:

Department	Course Number	Credit Hours	Semester Taken	Semester Repeated
_____	_____	_____	_____	_____

I understand that during my entire undergraduate career **three (3)** course repeats with grade replacement are permitted. Any additional courses repeated will be averaged in my GPA. I understand that this class will **NOT** be considered as a course repeat with grade replacement and both grades will be averaged into my GPA.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Return this form to Registrar's Office (SSB 120)

## UNDERGRADUATE STUDENTS

### GRADE FORGIVENESS

I wish to have the grade for the course listed below **forgiven**:

Department	Course Number	Credit Hours	Semester Taken
_____	_____	_____	_____

I understand that during my entire undergraduate career, only **three (3)** courses can be forgiven and that these courses cannot be required by my major. I understand that the grade for this class will not be averaged into my GPA but will still appear on my transcript.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Return this form to Registrar's Office (SSB 120)

Official use only: Repeat number: \_\_\_\_\_ Date received: \_\_\_\_\_ CF: \_\_\_\_\_ CR: \_\_\_\_\_