

A "Request to Retake a Course" form must be completed for every course retaken under the Forgiveness Policy. This form is a **BINDING AGREEMENT** between the student and Florida Institute of Technology. It cannot be withdrawn once it is submitted. Forms may be submitted at any time, however, the form must be received by the Office of the Registrar no later than Friday of the 12th week of classes in order to be applied to the semester requested. Forgiveness Policy not applicable to graduate courses/students.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
*(PLEASE PRINT) Last First*

STUDENT ID NO. \_\_\_\_\_ LOCAL PHONE NO. \_\_\_\_\_

**I REQUEST APPROVAL TO RETAKE**

ORIGINAL CRN PREFIX-COURSE NO.-SECTION COURSE TITLE  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

FOR WHICH I WAS PREVIOUSLY REGISTERED IN \_\_\_\_\_ / \_\_\_\_\_ AND RECEIVED A LETTER GRADE OF \_\_\_\_\_.  
*Term Year*

Please check one:  I PLAN TO (RE)TAKE  I HAVE (RE)TAKEN

CRN PREFIX-COURSE NO.-SECTION SEMESTER YEAR  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ IN THE \_\_\_\_\_ / \_\_\_\_\_

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

Academic Adviser Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Unit Head Signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\*Academic Unit Head must approve the retaking of a course for the second or subsequent time.*

**DISTRIBUTION BY  
REGISTRAR'S  
OFFICE ONLY**

Copy – Registrar's Office  
Copy – Academic Unit,  
Student's Major

Processed by \_\_\_\_\_

Date \_\_\_\_\_