Request to Retake a Course

Name: ___________________________ Student ID#: ___________________________

Last First M.I.

UWP Email Address: _____________________@rangers.uwp.edu Phone Number: ( ) ____________________

Retaken Coursework Policy

Resolved, that the revised policy on retaken coursework is approved and will take effect Fall 2014.

Students are allowed to take a course one time as a retake. Courses taken as a retake are distinguished from repeatable courses. Repeatable courses have the same course number but different content, or are noted as repeatable courses in the course description.

The grade of record for a retake is the most recent grade earned when the course is completed. This is also the grade used in the calculation of the GPA. Retaking a course will not remove the initial grade from showing on the transcript; however, it will remove the credits and grade points from the calculation of the cumulative GPA. Permission to retake a course more than one time may be granted by an assigned advisor.

A student may request that a course taken subsequently at another university be counted as a retake for a course taken previously at UW-Parkside. Such a request must be submitted to the appropriate department chair to certify that the transfer course is equivalent to the course taken at UW-Parkside. If the transfer course is certified as equivalent, the course, credits, and grade will be applied as a retake.

Note: Retaking courses that have already been completed with a grade of D- or better may have financial aid implications. Students are encouraged to consult with a financial aid counselor.

Passed by the UW-Parkside Faculty Senate on May 6, 2014.

Instructions to Student:
1. Please complete all information and submit to your assigned advisor. They need to complete the back.
2. Bring this form with the required signature(s) to the Office of the Registrar.
3. Bring any other pertinent information or other appropriate forms and documentation.*

Current Course to be Retaken

<table>
<thead>
<tr>
<th>Term (circle one)</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Winterim</th>
<th>Year:</th>
<th>(4-digit) Class #</th>
<th>Dept.</th>
<th>Course #</th>
<th>Section #</th>
<th>Course Title</th>
<th>Instructor Name</th>
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Reason for the Request:
(state why you want/need to retake the course)

* This form does not guarantee registration in this course, especially if it is past the deadline to add, the course is full, has pre-requisites, or there is a time conflict. Please submit additional paperwork as needed. The student is responsible for submitting this information prior to any registration deadlines for the term.

Please Initial:

[] I have read the Retaken Coursework Policy above and understand how this will affect my student record and/or Financial Aid. I understand that processing this request may produce a balance owed and it is my responsibility to contact the Cashier’s Office and determine what charge, if any, has been added to my account. I realize that a hold will be placed on my student record unless the balance is paid by the due date established by the Cashier’s Office. I understand that I may not qualify for financial aid for repeating courses and that I should meet with a Financial Aid counselor to discuss the impact on my financial aid eligibility.

_________________________  __________________________
Student's Signature  Date
**Advisor Steps:**

1. Student completes first page and signs.
2. Student gives the form to their assigned advisor for comments and signature.
3. Advisor returns the form to the student.
4. Student delivers the form to the Office of the Registrar.

**Information for the Two Most Recent Times the Course Has Been Taken**

<table>
<thead>
<tr>
<th>Previous Term</th>
<th>Dept.</th>
<th>Course #</th>
<th>Course Title</th>
<th>Course taken in transfer or at UWP?</th>
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Comments on impact on degree completion progress:

**Advisor's Approval:**

The information above has been verified in accordance with University policy and an exception has been granted because the course is a graduation requirement or a pre-requisite for the major.

Advisor: ____________________________________________  __________________________

Printed Name  Date

Advisor: ____________________________________________  __________________________

Advisor’s Signature

**Office Use Only:**

Date processed: ____________  Initials: ____________

SRRTKPRM  (Registrar’s Office  02/06/19)