

Graduate Course Repeat Policy

The Graduate School

ADDRESS 1500 N. Patterson St. †Valdosta, GA 31698

PHONE 229.333.5694 ‡WEB www.valdosta.edu/academics/graduate-school/

Application to Repeat a Graduate Course

The Graduate School

ADDRESS 1500 N. Patterson St. Valdosta, GA 31698

PHONE 229.333.5694 WEB www.valdosta.edu/academics/graduate-school/

Student Name _____ Student ID# _____

COURSE PREFIX COURSE NO. SECTION CREDIT HOURS TERM AND YEAR COURSE TAKEN

TO REPLACE

COURSE PREFIX COURSE NO. SECTION CREDIT HOURS TERM AND YEAR COURSE TAKEN

By submitting this form, I confirm that I have advised the above named student on the Graduate Course Repeat Policy and, if necessary, advised them to confer with the Office of Financial Aid.

GRADUATE PROGRAM COORDINATOR _____ DATE _____

DEPARTMENT HEAD _____ DATE _____

ASSOCIATE PROVOST FOR GRADUATE STUDIES AND RESEARCH _____ DATE _____

The Graduate School will send the fully signed form to the Registrar's Office after the student has completed the course to be retaken.