

Lehman College

The City University of New York
250 Bedford Park Boulevard West
Bronx, New York 10468-1589

Office of Academic Standards and Evaluation

Shuster Hall, Room 280
Phone 718.960.8104 Fax 718.960.7390
Website: www.lehman.cuny.edu

TO: Registrar
FROM: Academic Information and Advisement Center
DATE: _____
RE: Permission to Repeat a Course

NAME: _____

EMPL ID #: _____

This student may repeat _____ for a better grade even though he/she has already taken the course and earned a grade of C- or better. The student understands the following conditions:

1. The student **will not** earn any additional credits for taking the course.
2. The new grade for this course **will not** be factored into the student's G.P.A.
3. The credits from this course **cannot** be included in credits covered by financial aid funds.

Student Signature

Date

Academic Advisor Signature

Date