Lehman College

Office of Academic Standards and Evaluation

The City University of New York 250 Bedford Park Boulevard West Bronx, New York 10468-1589 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		
1	NAME:	-	
S	S. S. #:	_	
This student ma	y repeatfor	r a better grade even though he/she has	
already taken th	e course and earned a grade of C- or better. The	student understands the following	
conditions:			
1. The stu	dent will not earn any additional credits for takin	g the course.	
2. The ne	2. The new grade for this course will not be factored into the student's G.P.A.		
3. The cre	The credits from this course cannot be included in credits covered by financial aid funds.		
	Student Signature	Date	
	Academic Advisor Signature	 Date	