



Soka University of America
Office of the Registrar

PETITION TO REPEAT A COURSE

Student Name _____

ID# _____

Fall 20 ____ Spring 20 ____

Policy on Repeating Courses:

1. Grades of D or F may be repeated.
2. All grades will appear on the transcript.
3. Only the course receiving the higher grade will count in the GPA.
4. You will only receive credit for the course once (if both attempts are passing grades).

Procedure:

Complete the information below for the class you wish to repeat.

Previous course that you want to repeat:

Class #	Subject	Cat #	Sect	Previous GRADE

New course you want to count in its place:

Class #	Subject	Cat #	Sect

Student Signature _____

DATE _____

Advisor Signature _____

DATE _____

FOR REGISTRAR'S OFFICE USE ONLY

Processed by: _____

Date: _____

