

Processed by: __

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Date: ____

"F" REPEAT POLICY FORM

Undergraduate Students only

Student ID/Empl ID:	Email		@CITYMAIL.CUNY.EDU	
Last Name:	Fi	rst Name:	MI:	
 The number of failing duration of the student If the second grade is of the G.P.A. (althoug The revised G.P.A. with grade(s) will apply to The implementation of Consult with the Office Please allow 3-5 work 	t's undergraduate enrollmer C or higher (C- does not que the the course and grade remails be used for academic pro- graduation honors and can f the "F" Repeat Policy var the of the Registrar for speci	from the G.P.A. shall be at in institutions of the Ci talify) the original grade ain on the record). Ogress and graduation min affect other requirements ites in some of the Profes fic applications of this po When done, you will see the	sional Schools.	
Department	Course Number	Term Failed	Term Passed	
Student Signature:		-	Date:	
Official Use Only				