Registrar's Office
4201 Henry Avenue, 102 Tuttleman Center
Email: TJU_EF_Registrar@jefferson.edu

Course Repeat Form
(For any course where a student has earned a final grade – regardless of passing or not – twice)

STUDENT AND COURSE INFORMATION

First Name: _____ Last Name: _____ Campus Key: _____

Term: ☐ Fall ☐ Spring ☐ Summer Year: 20___

Subject: _____ Course Number: _____ Section: _____ CRN: _____

Instructor: _____

Passed Course in the following terms:

Term 1: _____ Term 2: _____

Reason for Repeat (you are requesting to repeat a course for the third time or more for the following reason(s):

SIGNATURES

Student: _____ Date: _____

Advisor or Program Director: _____ Date: _____

Financial Aid Counselor: _____ Date: _____

PROCESSING

- Send completed and signed form to TJU_EF_Registrar@jefferson.edu
- A copy of the signed form must be retained in the student's advising file.

Date Received by Registrar's Office: _____ Date Processed by Registrar's Office: _____