



College of Charleston

REQUEST TO DENY GRADE FOR REPEATED COURSE (must be completed during drop/add)

Student Name: _____ Student ID Number: _____
Last First MI

Previous Course Information:

Course

(PEHD101001)

Term

(Spring 2000)

Class To Be Repeated:

Course

(PEHD101001)

Term

(Current Term)

*Earned grade for repeated course will not be averaged into GPA unless it is a punitive grade (F,WA).

Student's Signature

_____/_____/_____
Date

RO USE ONLY:

Processed by: _____

Date: _____