NEW JERSEY
CITY
UNIVERSITY

Request for Recomputation of Grade

Office of the Registar
Hepburn Hall, Rm. 214

_____ | _____ | _____
LAST NAME | FIRST NAME | MIDDLE INITIAL

_____
STUDENT ID# (gothicnet ID)

I hereby request recomputation of grade in keeping with the New Jersey City University policy pertaining to a repeated course. (policy effective Spring 1992)

_____ | _____
STUDENT SIGNATURE | DATE

PREVIOUSLY COMPLETED COURSE	COURSE REPEATED
COURSE TITLE	COURSE TITLE
DEPARTMENT	DEPARTMENT
CATALOG NUMBER	CATALOG NUMBER
SEMESTER COURSE TAKEN	SEMESTER COURSE REPEATED
PREVIOUS GRADE	

TO: DEPARTMENT CHAIRPERSON/ADVISOR
Are there any Departmental Policies restricting this student from repeating this course for recomputation?

check one:
❑ No ❑ Yes

_____
CHAIRPERSON SIGNATURE

_____
DATE

FOR OFFICE USE ONLY

_____ | _____
DATE SUBMITTED | STAFF SIGNATURE

NUMBER OF RECOMPUTATIONS PROCESSED: _____

CREDIT VALUE TOTAL: _____