PETITION FOR COURSE RETAKE
(To Improve Cumulative GPA)

FACULTY OF HEALTH SCIENCES
TO THE DEPARTMENT CHAIR OF ……

Since I do not have the required cumulative GPA to graduate, I would like to retake the course(s) listed below, although I have previously taken and passed them, in order to be eligible for graduation.

Submitted for your information and necessary action.

Date : … / … / 20..
Name Surname :
Signature :

(Please fill in all fields..)	
Student Number	
Faculty / School / Vocational School	
Department / Program	
Mobile Phone	
Email Address	
Course Term	☐ FALL ☐ SPRING

COURSES I WISH TO RETAKE	
Course Code	**Course Title**