



Office of the Registrar

Retake Permission Form

PERSONAL DETAILS

Student's name _____

Student's ID _____ NU School _____

Major _____ Year of study _____

COURSE INFORMATION

Semester _____

Course title _____

Previously received grade _____ Previously taken semester _____

Overall number of retaken courses (including this semester): _____

Evidence (filled in by Adviser) _____

Student's signature _____ date _____

Instructor's signature _____ date _____

Adviser's signature _____ date _____

Dean/Designated School Representative's signature _____ date _____

*Please be sure not to leave blank fields. It will prevent from proceeding your form.

Office of the Registrar use only

Processed by: _____

Date: _____