



Office of the Registrar

Retake Permission Form

STUDENT INFORMATION

First name _____ Last name _____

Student ID _____ NU School _____

Academic Level _____ Year of study (1-5) _____

Major _____

Track (if any) _____ Minor (if any) _____

COURSE INFORMATION

Semester _____ (if other please specify) _____

Course title _____

Previously received grade _____ Previously taken semester _____

Evidence (filled in by Adviser) _____

Student _____
signature date

Adviser _____
full name and signature date

Instructor _____
full name and signature date

Dep. Chair of the course/Vice Dean for Academic Affairs _____
full name and signature date

*Please make sure to fill in the form properly, or it will not be processed.

*This form must be submitted to the School Office of the course.

School administrator use only
Processed by: _____ Date: _____