.THE GRADUATE SCHOOL
MONTCLAIR STATE UNIVERSITY
APPEAL TO REPEAT A COURSE

Name _____ **Student ID #**_____

I wish to appeal the denial of my request to repeat a course for the following reason: (check one)

_____ Enrolled in over 10 years ago _____ Other

Program: _____ **Course:** _____ **CRN#** _____

Semester requesting registration: _____ **Semester Originally Taken** _____

Appeal Rationale - Please provide any relevant information not included in your initial request, or use this opportunity to clarify any information you feel requires further explanation. You may attach additional documents.*You must