



Office of the Registrar/One Stop Service Center:
 Administration Building, 1st floor
 908-737-3290
 Fax: 908-737-3299
 regme@kean.edu

Kean Ocean Administrative Office:
 Gateway Building, 103
 732-255-0356
 Fax: 732-255-0465
 keanocc@kean.edu

REQUEST FOR REPEATED COURSE GRADE RECALCULATION

Repeating Courses for Grade Recalculation Policy - Undergraduate courses taken by undergraduate matriculated students are eligible for repeat under this policy. Beginning with Fall 1987 Semester, courses completed with grades of A-/ B+/ B/ B-/ C+/ C/ D/ F/AF may be repeated. **Graduate courses cannot be considered for grade recalculation.**

Guidelines:

- 1) If the grade in the repeated course is higher, it will be included in the GPA. The former grade will be designated with an "R" prefix to the grade on the student transcript and excluded from GPA. If the grade in the repeated course is the same or lower, both grades will remain in the GPA. Course credits are earned one time.
- 2) Only four (4) repeated courses or twelve (12) credits, whichever is greater, may be excluded from the GPA.
- 3) A course grade may not be recalculated more than once.
- 4) The request for recalculation of the GPA must be submitted after the course has been repeated. Once elected, this option may not be changed nor revoked.
- 5) All courses submitted for consideration under this policy must be Kean University courses. **No transfer credit can be considered in the recalculation of the GPA. (Transfer credit is not included in Kean University GPA.)**
- 6) Students may neither repeat a course for grade recalculation after graduation nor submit a Request for Grade Recalculation after graduation.

Return signed form to the Office of the Registrar or the Kean Ocean Administrative Office. Forms will be processed in ten (10) working days. Once processed, grade recalculations can be viewed in KeanWISE under **Transcript** or **Program Evaluation**.

I certify that I understand the provisions of the repeat policy above.

Student's Signature: _____ Date: _____

Student's Last Name:	Student's First Name:	Anticipated Graduation Date (mo/yr):
Student's Telephone #:	Student's Email Address:	Student's ID #:

- This is my first grade recalculation request.
 I have submitted prior grade recalculation requests. If checked, indicate how many? _____

Course and Grade to Exclude from GPA						Repeated Course and Grade to Include in GPA					
Semester	Subject	Course #	Course Title	# Credits	Grade	Semester	Subject	Course #	Course Title	# Credits	Grade
Fall 2017	ENG	1030	College Composition	3	F	Fall 2017	ENG	1030	College Composition	3	C

For Office of Registrar Use only:

One Stop Initials/Date: