



Office of the Registrar
 Hepburn 214
 Email: Registrar@njcu.edu
 Website: <https://www.njcu.edu/registrar>
 Phone: 201/200-3334
 Fax: 201/200-2062

Once form is completed with all required signatures you can email to: registrar@njcu.edu or fax (201) 200-2062

RECOMPUTATION OF GRADE REQUEST

Gothic Net ID# _____ Last Name _____ First Name _____ Middle Initial _____

I hereby request Recomputation of grade in keeping with the New Jersey City University policy pertaining to a repeated course. (*Policy effective Spring 1992*) All information must be completed for processing, incomplete forms will be returned. Recomputation policy limits a student 16 credit per degree program.

Student Signature (REQUIRED) _____ Email address (REQUIRED) _____@_____

PLEASE CHECK IF YOU HAVE APPLIED FOR GRADUATION No Yes (*Graduation Clearance will be notified*)
PLEASE NOTE: Recomputation is not eligible for - Academic Foundation Courses, and the following grades "W", "R", "IN".

PREVIOUSLY COMPLETED COURSE	COURSE REPEATED
COURSE TITLE _____	COURSE TITLE _____
DEPARTMENT - CATALOG NUMBER _____	DEPARTMENT - CATALOG NUMBER _____
SEMESTER COURSE TAKEN - PREVIOUS GRADE _____	SEMESTER COURSE REPEATED _____

TO: DEPARTMENT CHAIRPERSON/ADVISOR (REQUIRED)

Are there any Departmental Policies restricting this student from repeating this course for Recomputation?

Check One: No Yes

PLEASE PRINT NAME _____

Date: _____

CHAIRPERSON/ADVISOR SIGNATURE _____

REGISTRAR'S OFFICE USE ONLY: _____
 DATE SUBMITTED & STAFF INITIALS

ENTRY USE ONLY: Incomplete information (___) Return date _____

Recomputation on File: _____	Term: _____
Total Credit Value: _____	Class #: _____
GPA: Before _____	Prior Grade _____ Repeat Grade _____
GPA: After _____	Graduation Clearance: N ___ / Y (term) _____
Date Student Notified: _____	Date Processed: _____