



**Request for Course Retake With a Grade of C or Better**

**PLEASE READ:** Per Florida Administrative Code 6A-14.0301 repeat enrollment in courses in which a grade of C or above has been earned is prohibited. Occasionally, under very special circumstances, repeat permission is granted. Examples are a need for teacher recertification, specifications of a regulatory agency, licensure and program requirements. The initial grade and the subsequent grade appear on the transcript, but only the first grade is included in the GPA with credit earned. The second attempt will not earn credit, will not be included in the GPA, and the Forgiveness Rule will not apply. Registration for such a course without approval will be cancelled, the course dropped, and fees refunded.

**Deadline: Request must be received by the first day of classes for the session in which approval is sought.**

**All request must include the below items:**

**A Letter of Explanation**    **Transcripts**    **Copy of student bill/schedule**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(Not Social Security Number)  
 Email (primary contact): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

**Campus information:**

Academic year: \_\_\_\_\_ Term: \_\_\_\_\_  
 Key West campus    Marathon campus    Coral Shores campus    Virtual campus

**Course(s) for which you are requesting to retake with a grade of C or better:**

Course Prefix	Course Number	CRN# (5 digits)	Course Title

**Are you currently receiving any of the following:**

Financial Aid (Pell Grant, scholarship, student loan, Bright Futures, FL Prepaid)?    Yes    No

**If Financial Aid recipient, please contact the Financial Aid Office prior to submitting your request.**

**Director of Financial Aid**

**Military tuition assistance?**  Yes    No   **Veterans' (VA) Benefits?**  Yes    No  
 Were you an International Student on an F-1 visa during the term listed above?    Yes    No

**Appeals received without proper documentation will be returned.**

By signing below I certify that I have read and understand all of the information on this form.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_  
Date

**Submit your request for consideration to:**

**FKCC Student Services Appeals Committee**

fkccstudentappeals@fkcc.edu

Florida Keys Community College, 5901 College Road, Key West, FL 33040

Phone: (305) 809-3292 Fax: (305) 292-5163