



Permission to Repeat a Course Request

For students seeking to Repeat courses. This form must be **submitted** to the Office of the Registrar **before the drop/add deadline**.

Step 1: Please provide the following information

Student ID Number [S][0][0][0][][][][][] Phone []

Student Name: []
Last First Middle

Are you a Scholarship Student? YES NO

Semester Fall Spring Summer Year [2][0][][] Summer Block 1 2

Step 2: Course information

If you have more than two previous attempts please provide course information for the two latest semesters

Original Course Information		Repeat Course Information
Term: _____	Term: _____	Term: _____
Subject: _____	Subject: _____	Subject: _____
Course Number & Section: _____	Course Number & Section: _____	Course Number & Section: _____
Grade: _____	Grade: _____	

I am aware that:
This form is required if repeating a course for the 3rd time or more, including withdrawals.

Step 3: **Academic Consent.**

Appropriate Department Chair's Signature & Date Approved Rejected

Appropriate Dean's Signature & Date Approved Rejected

RO USE ONLY:
Processed by: _____
(Initials)
Date: _____