LOUISVILLE. Permit to Repeat Course

Student's Full Name (Please Print)	Student ID #
Course now on record:	/
Subject Abbreviation, Course # Section # e.g. Math	/ // or ////
Semester taken Grade on record	College or University where taken
Course was/will be retaken: Fall Sp	ring Summer Year
School in which the sudent is enrolled at U of L	
Complete the following only if the course number or	
Subject Abbreviation, Course # Section # e.g. Math	/
Semester taken Grade on record	College or University where taken
Not Eligible to Replace a Grade: Students applying gree. Other restrictions may apply.	g to replace a grade for a course taken prior to receiving a de-
I understand that the course can count only once tow still appear on my transcript.	vard graduation and that all grades earned for the course will
Student's Signature	Date
Signature of Authorizing Officer	Date
	FOR REGISTRAR'S OFFICE USE ONLY

#34505-5/08