

Petition to Repeat a Course

Student Name _____ Student ID _____

Email _____ Telephone _____

School/College in which enrolled _____

Repeated course to add _____ Section # _____ Class# _____
Ex.: BIOL 102 Ex.: 01, 02 Ex.: 12345

Semester the course will be retaken: Fall Spring Summer Year _____

Semester the course was taken: Fall Spring Summer Year _____
(if known)

The most recent grade will be included in GPA & count towards degree requirements, but all grades will appear on the transcript.

Student's signature

Date

Signature of Authorizing Officer

Date

Fill in and e-sign this form using Adobe Acrobat Reader or similar software and then email it to your Director of Graduate Studies.

FOR REGISTRAR'S USE ONLY	
Date processed _____	by _____
Date verified _____	by _____