

# Permit to Repeat Course

Student's Full Name (Please Print) \_\_\_\_\_

ID # \_\_\_\_\_

Course now on record:

Subject Abbreviation, e.g. Math    Course #    Section #    /    /    /    /    /    /    or    /    /    /    /    /    /    /    /    Credits

Semester taken    Grade on record    College or University where taken

Course was/will be retaken:     Fall     Spring     Summer    Year \_\_\_\_\_

School in which the student is enrolled at U of L \_\_\_\_\_

Complete the following **only** if the course number or title differs from that listed above:

Subject Abbreviation, e.g. Math    Course #    Section #    /    /    /    /    /    /    or    /    /    /    /    /    /    /    /    Credits

Semester taken    Grade on record    College or University where taken

**Not Eligible to Replace a Grade:** Students applying to replace a grade for a course taken prior to receiving a degree. Other restrictions may apply.

I understand that the course can count only once toward graduation and that all grades earned for the course will still appear on my transcript.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Authorizing Officer \_\_\_\_\_

Date \_\_\_\_\_

FOR REGISTRAR'S OFFICE USE ONLY	
Date Processed _____	by _____
Date Verified _____	by _____