



PETITION TO REPEAT A COURSE

Use this form to request to repeat a course.

Student Name _____ Student ID# _____

Email Address _____ Telephone Number _____

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 previously (if known) Fall Spring Summer Year _____

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

Student Signature _____

Date _____

Signature of Authorizing Officer _____

Date _____

FOR REGISTRAR'S OFFICE USE ONLY

Date Processed _____ by _____

Date Verified _____ by _____