

University of Louisville

Permit to Repeat Course Form

Student's Full Name (Please Print)

Student ID #

Course now on record:

Subject Abbreviation, Section # *or* class # Credits
e.g. Math

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, Section # *or* Class# Credits
e.g. Math

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 _____