



# 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 _____

You may fax, scan/email, or deliver this completed form in to your Academic Unit for approval.