

COURSE REPETITION REQUEST

IMPORTANT: Please read all directions and fill out the form carefully. Review all your information to make sure that it is correct before submitting to the Admissions and Records office. The purpose of this form is to repeat courses you PREVIOUSLY COMPLETED OR WITHDREW. The final grade MUST BE POSTED before a request may be filed. After your registration appointment begins, submit this form with an ADD/DROP CARD to Admissions & Records. Documentation required.

REASONS FOR REPEATING A COURSE

Courses cannot be taken more than once **EXCEPT** *under the following circumstances:*

- Earned a grade of A-F, NC (No Credit), P/NP (No Pass), W/EW (Excused Withdrawal) in the Spring 2020 semester only.
- Earned a substandard grade of: D, F, NC (No Credit), NP (No Pass) or received a grade of W (Withdrawal)
- Received a passing grade more than three (3) years ago, but your program of study requires a more recent completion. **Documentation required.**
- Legally-mandated training requirement as a condition of continued employment. **Official legal documentation** required.
- Catalog Renumbering Issue ► Enrolling in a related but separate course, due to changes in course repeatability, for example: SUBJ 1AD is now SUBJ 1, SUBJ 2, SUBJ 3 and SUBJ 4.

STUDENT INFORMATION

LAST NAME:	FIR	IRST NAME:			II: STUDENT ID#:		
EMAIL:			PHONE:				
SEMESTER (CURRENT): 🗆 FALL		□ SPRING	□ SUMMER	YEAR:			

COURSE HISTORY > List the previous enrollments of the courses you intend to repeat provided in the space below.

CLASS	COURSE TITLE	SEMESTER	YEAR	GRADE EARNED	OFFICE USE ONLY	
NUMBER					DECISION	IF YES 🕨
(EX: 30181)	(EX: ANAT 1)	(EX: SPRING)	(EX: 2015)	(EX: D)	APPROVAL	CODE USED
					🗆 YES 🗆 NO	🗆 PETY 🗆 PE3T
						🗆 RPAL 🛛 INCL
						🗆 LMAN
					🗆 YES 🛛 NO	🗆 PETY 🛛 PE3T
						🗆 RPAL 🛛 INCL
						🗆 LMAN
					🗆 YES 🗆 NO	🗆 PETY 🗆 PE3T
						🗆 RPAL 🗆 INCL
						🗆 LMAN
					🗆 YES 🗆 NO	🗆 PETY 🗆 PE3T
						🗆 RPAL 🛛 INCL

I declare under penalty of perjury that I have reviewed and understood all information on this form as well as affirm that all information on this form is true and correct.

DATE:		
NITIALS:		