

Fay W. Boozman College of Public Health
Request to Repeat a Course

Form should be completed when requesting to repeat a course that was previously repeated.

I _____ request permission to repeat the following course:
Student Name & ID Number (Printed)

Course Number & Name

Semester and Year Course will be repeated

Student Signature

Date

I hereby grant the above student permission to repeat for a second time the course listed above:

Specialty Advisor

Date

Associate Dean, Academic Affairs

Date

OR

Associate Dean, Professional Programs