

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 & 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*