



## 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 send time the course listed above:**

\_\_\_\_\_  
Specialty Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean for Academic Affairs

\_\_\_\_\_  
Date