



Repeat Course Request

Please complete the requested information and attach a letter of appeal.

Date: _____ 20____

Student Name: _____

ID#: _____

Address: _____

City _____

State _____

Zip Code _____

Email Address: _____

Phone: _____

I am requesting to repeat the following course: _____ GPA _____
(Course name and number)

Please list your previous attempts in this course:

	Course Number	Grade	Date Taken
1.	_____	_____	_____
2.	_____	_____	_____

* I am aware that I am financially responsible for this course.

Student Signature: _____

Date: _____

Program Advisor Signature: _____

Date: _____

Supervisor, Program Advising Operation: _____

Date: _____

Academic Approval: Approved Denied

Manager, Student Services Signature: _____

Date: _____

Notes:

Financial Aid Review: Method of Payment: _____

Manager, Student Financial Services Signature: _____

Date: _____

Registration Information: _____

Courses added by Enrollment Services: _____

Copy: advising file, financial aid file, official file