

Course Repeat Form

(Please Print)

Name	ID#
I am submitting a request to repeat the following course:	
Department & Course #	Course Title
This course was first taken during the fall;	_ spring; summer of 20
My final grade was *; The instructor was	
Grade of C or above: If for any reason a student repeats a course in will be included in the calculation of the grade point average. The shours will be zero.	e Repeat Policy n which a grade higher than a C- has been received, only the first grade second grade will appear on the student's academic record, but the credit
	nnother institution, the course must be approved by the Registrar's Office epeated course will appear on the permanent record; both grades are the time for the same course.
This course will be retaken during the fall;	spring;summer of 20
Check one: This course has not been repeated	d previously.
This course <u>has been</u> repeated pre	eviously.
Please note:	
Signature	Date
Email	
ACTION OF THE REGISTRAR	
This request is approved; not approved	d.
Signature of Registrar	Date

^{***&}lt;u>NOTE:</u> Nursing students may repeat a support course or a nursing course only once.