



**Course Repeat Request Form**

Student Name:

Student ID:

Date:

Semester repeating class:      Fall              Spring              Summer      20\_\_

Class wanting to repeat (Subject Code and Course Number):

Section I want to be enrolled in (must include subject, course number and section number):

Priority <i>(Ex: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)</i>	Subject, Course & Section Number <i>(Ex: ENGL 1013-5)</i>	Academic Period <i>(Ex: Fall 2023 1<sup>st</sup> 8 Wks)</i>
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

Why should I be allowed to repeat the class:

What am I going to do differently to be successful in the class?

Student signature: \_\_\_\_\_

*\*By signing this form electronically, I am acknowledging that an electronic signature constitutes a legal equivalent of a manual/handwritten signature.*

\_\_\_ Approved \_\_\_ Denied

Dean's signature: \_\_\_\_\_ Date: \_\_\_\_\_