# Request to Repeat a Course

## 

## Student Information

Name: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

Major/Program: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

## Academic Information

Academic Advisor: Click or tap here to enter text.

Term:  Fall  Spring  Summer

Year: Click or tap here to enter text.

## Course Information

Please provide information about the course previously attempted.

|  |  |  |
| --- | --- | --- |
| Course Code and Title | Semester and Year | Grade |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Reason for Request

Please provide a detailed reason for this request.

Click or tap here to enter text.

## Impact Acknowledgement

I understand that repeating a course can affect my academic standing, future course enrollments, and financial aid. I acknowledge that it is my responsibility to understand and consider the implications of repeating this course, and I have sought appropriate advice. I accept all responsibility for the implications of this decision.

## Signatures and Approvals

Student: Date:

Academic Advisor: Date:

Registrar: Date: