

REPEATED COURSE

Student ID

Student Name (Please Print)

Student Signature

Date

I received a grade of D+ or lower for:

CRN	Term	Year	Subject	Course #	Title

I am repeating the course by taking the following class:

CRN	Term	Year	Subject	Course #	Title

PLEASE NOTE: Completion of this form does not register you for the class listed above. Normal class change procedures are required to add the class to your schedule. Please submit this form to the Registrar's Office no later than the end of the class change period for the term.

Rev 3/24