

## REPEATED COURSE

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I received a failing grade 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 second week of the term.