



REQUEST TO REPEAT A FAILED COURSE

Students may repeat courses they have failed; however, a student who fails a course three times must submit a REQUEST TO REPEAT A FAILED COURSE form to the relevant Academic Dean through the Head of the Academic Unit responsible for the course.

Name of Student: \_\_\_\_\_ ID #: \_\_\_\_\_
Please Print

Email Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Abbreviation/Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

1st Semester/Session Course Was Taken: \_\_\_\_\_ Year: \_\_\_\_\_

2nd Semester/Session Course Was Taken: \_\_\_\_\_ Year: \_\_\_\_\_

3rd Semester/Session Course Was Taken: \_\_\_\_\_ Year: \_\_\_\_\_

Course Fulfills (check one): [ ] Major Area [ ] Minor Area [ ] General Education [ ] Elective Requirement

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY

- [ ] Request Denied
[ ] Request Approved with No Requirements
[ ] Request Approved Upon Successful Completion of (check all that apply):
[ ] Course Prerequisite [ ] Remedial Work [ ] Peer Tutoring [ ] Supplemental Instruction
[ ] Other (specify): \_\_\_\_\_

Name/Signature, Academic Unit Head \_\_\_\_\_ Date \_\_\_\_\_

Name/Signature, Academic Dean \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF THE REGISTRAR

Semester/Session Course Repeated: \_\_\_\_\_ Year Repeated: \_\_\_\_\_

Signature, Registrar/Deputy Registrar \_\_\_\_\_ Date \_\_\_\_\_