# REPEATED COURSE FORM

Office of the Registrar

Student Name _____

(Please print or type)

Student ID # |___|___|___|___|___|___|___|___|___|

Term course is being repeated: ❑ Fall ❑ Spring Year:

I am enrolling in _____

(depart, code, course #, section #, title)

I wish to repeat _____

(depart, code, course #, section #, title)

taken at _____ in ❑ Fall ❑ Spring Year: _____

(College/ University Name)

Attention Financial Aid Recipients: A repeated course may or may not advance your academic progress. Please contact the office of Financial Aid to determine credits necessary to continue to qualify for financial aid.

Please sign here:

_____ _____

(Signature) (Date)