Student Name: _____________________________________________________________________________________________________________
(Please print or type)

Student ID Number:  |__|__|__|__|__|__|__|__|

Term course is being repeated:  ☐ Fall  ☐ Spring  Year: _____________________________________________

I am enrolling in: ___________________________________________________________________________________________________________
(department, code, course #, section #, title)

I wish to repeat: ____________________________________________________________________________________________________________
(department, 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.

______________________________________________________________  ____________________________
Signature        Date