

SPECIAL COURSE REPEAT FORM

A student attempting to take a course more than three times, must meet with their Major Department Chairperson prior to registering for the course.

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
 First Middle Last

Degree: _____ Major: _____

Class: Freshman Sophomore Junior Senior Graduate

Repeated Course Information

Course: _____
e.g. ENGL 101

Number of attempt: _____
e.g. 4th

Please list each semester, year and grades earned of previous attempts below:

<u>Semester / Year</u>	<u>Grade Earned</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature Required:

Major Department Chairperson: _____ Date _____

This form must be submitted in person to the Registrar's Office with an ADD/DROP for processing.

Office of the Registrar