



**REQUEST TO REPEAT A COURSE IN
WHICH A GRADE C OR HIGHER
HAS BEEN AWARDED**

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Telephone No.: _____ Email: _____

CF Academic Program Code: _____ Overall GPA: _____

IMPORTANT NOTE REGARDING NEEDED ACCOMPANYING DOCUMENTATION:
 Please attach documentation to this form that supports the reason for the request such as program requirements, catalog course description, etc.

Course in which a grade of C or higher has been awarded:

Course Code (i.e. ENC 1101)	Course Title	Section	Credit Hour	Semester/Year
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Course desired for repeat:

Course Code (i.e. ENC1101)	Course Title	Section	Credit Hour	Semester/Year
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I wish to repeat this course for: _____ Credit/Letter Grade Audit
Semester/Year

Student Signature _____ Date: MM/DD/YY _____ Advisor Signature _____ Date: MM/DD/YY _____

For official use only.	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____ Registrar or Designee Signature	_____ Date
Processed by: _____	_____ Date