Course Repeat Request Form
Due the first day of the registration month

Name: ___________________________ ID Number: ___________________________

Local Phone: ______________________ LUC E-mail: __________________________

Credit Hours to Date: ______________ Today’s Date: _______________________

Cumulative GPA: ________________

■ For which academic term are you applying to retake coursework?

■ Circle one: FALL or SPRING or SUMMER Year: ______

■ List the course(s) you wish to repeat:

1. ____________________________ 2. ____________________________

■ Reason for request: If applicable, please attach supporting documentation.

Student Signature: __________________________ Date: _______________________

Dean’s Approval: __________________________ Date: _______________________  

Dr. Jennifer Boyle, Associate Dean of Academic Affairs