REQUEST TO REPEAT A CLASS
School of Social Work

To request to repeat a course required for a major or minor, complete this form and submit it to the School of Social Work Dean’s Office, Attention Dr. Jeanne Sokolec: Lewis Towers 12th Floor (WTC).

Date: ____________________________

Student name: ________________________________ Student ID: ____________________________

Loyola e-mail address: ________________________________ Phone: ____________________________

1. Student’s school(s):
   O Arts & Sciences (CAS)   O Communication (SOC)   O Nursing (SON)
   O Business Admin. (SBA)   O Education (SOE)   O Social Work (SSW)

2. Major(s): ____________________________ Minor(s): ____________________________

3. Credit hours earned (not including current semester): ____________ Cumulative GPA: ____________

4. Year in school: (circle one)   Freshman   Sophomore   Junior   Senior

5. Transfer student?: (circle one)   Yes   No

6. Multiple-Degree-Seeking (i.e., enrolled in more than one school)?: (circle one)   Yes   No
   If yes, which school(s): ____________________________

7. Have you applied for graduation?: (circle one)   Yes   No
   If yes: I filed for graduation for: (circle one)   Fall   Spring   Summer   Year: ____________

8. Course Number/Name:
   ____________________________
   (e.g., ENGL 273: Intro to Fiction)
   Previously taken:   Term: ____________ Year: ____________ Grade earned: ____________ *
   *Additional credit will not be earned in courses in which you earned a D or D+ grade.
   I am requesting to repeat this class in: (circle one)   Fall   Spring   Summer   Year: ____________
   Course Number: ____________________________ Section: ____________________________ Class#: ____________________________
   (e.g., ENGL 273)   (e.g., 03W)   (e.g. 5311)

9. Is this a required class for a major or minor?: (circle one)   Yes   No
   If not required, why do you want to repeat this class? ____________________________

10. Is there a related class involved (e.g., lec/disc, lab)? (circle one)   Yes   No
    Section: ____________________________ Class#: ____________________________
    (e.g., 003)   (e.g. 5311)

11. Is departmental permission required? (circle one)   Yes   No

12. Class counts toward: (circle one)   Major   Minor

13. Enrollment Appointment (date that you register): ____________________________ Time: ____________________________

14. I intend to enroll in _______ total credit hours (including this class).

For Office Use Only   O Authorized Repeat   O Unauthorized Repeat

Approved by: ____________________________ Date: ____________________________