Request to Repeat Course

Fill in the student request section below and take it to the STEM Undergraduate Office (Discovery 352)

Name:__________________ Email:_________________________ Student Number:____________

Course wanting to repeat: Number and Section:_____________ SLN:________________

Requesting course for: Quarter:_______________ Year:_______________

Previously Taken and Action:

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<tr>
<th>Quarter</th>
<th>Year</th>
<th>Grade</th>
<th>Withdrew</th>
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Please include a letter explaining your previous performance in the course and what you would do differently if given the opportunity to retake it.

To be completed by office

Decision:

____ Denied

____ Return the week before classes for departmental registration depending on space.

____ Approved and register with entry code _______________

Comments: