NOTICE OF INTENT TO REPEAT A COURSE

	Date this form is prepared & submitted for a consideration		
Student			
Home Address	City	Zip	
Home Phone	Work Phone (if any)		
I intend to repeat a course	in which I initially earned a grade of	f D, F, I, or W.	
Course Name/Number requesting to Repeat/Retake	Course Completion Date	Program Name	
Grade Earned	Repeat Effective Date (mm/c	Repeat Effective Date (mm/dd/yyyy)	
I understand that the grade previously earned at my fi REPEAT/RETAKE of the same course. I understand that The student must be an officially registered in The student must have earned a D, F, I, or W The student must earn a grade of A, B, C, or C Third or subsequent attempts are not prohible credits earned in the course will be applied to You must repeat the identical course. If the correpeat an approved substitute.	at the deletion is subject to the follow individual, in a course taken at this college, CR in the second attempt to delete the ited. However, they will remain in the to the completion only once,	wings: he first grade earned, he grade point determination, and the	
Student Signature	Date		
NOTE: school will contact you if we are unable to pro- school policies & or procedures as listed in the school business days. You may contact the Student Services	catalog. Decision will be sent to you	ur address listed above within 10	
Request APPROVED, Correction Posted Date	School Official's Signature		
Request DENIED	School Official's Signature		
Notes			