REQUEST TO REPEAT A COURSE FOR UNDERGRADUATE STUDENTS

STUDENT NAME ___________________________________________ STUDENT ID NUMBER ___________________________

MAJOR ___________________________________________ ADVISOR NAME _______________________________________

REPEATING COURSES FOR UNDERGRADUATE STUDENTS (2011-2012 catalog)

“Courses may be repeated in an attempt to improve a grade in any course taken at Christian Brothers University. Computation of the student’s grade point average will be based upon the most recent grade earned in the course, although the record will reflect all grades earned in a course. If a student earns a failing grade in a repeated course, he will lose any previously earned credit in that course. No course may be repeated more than two times (a total of three enrollments). A semester or term in which the student withdraws from the course with a grade of “W” will be counted as an attempt. A student may not repeat any course off-campus that has been previously attempted at Christian Brothers University. A total of two nursing courses may be repeated. Any student who receives financial aid should consult the Student Financial Assistance Office regarding the effect repeating a course has on their financial aid.”

I am requesting permission to repeat the following course for a total of ______ enrollments. I have read the policy above pertaining to repeating courses and I understand if approved, my grade point average and credit earned or lost will be based upon the most recent grade.

Current Semester: ___________________________ Course: ___________________________ (a separate form is required for each course)

Semester of First Attempt: ___________________________

Semester of Second Attempt: ___________________________

Semester of Third Attempt: ___________________________

REASON and or EXPLANATION: ________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you receive Financial Aid? _____ Yes _____ No

_________________________________________  ________________________________
Student Signature  Date:

_________________________________________  ________________________________
Vice President of Academics Signature  Date

Approve  Deny  (Circle one)

CC: Student File
    Advisor, Department Chair, & Dean

08/10/2011