



DEPARTMENT OF BIOLOGICAL SCIENCES
REQUEST FOR PERMISSION FOR SECOND REPEAT OF COURSE

Student Name: _____

Student ID Number: _____

Undergraduate [] Graduate []

Address: _____

Telephone Number: _____

Email address: _____

Permission is requested to take the following course for a third time (repeat the course for a second time):

COURSE DEPT AND NUMBER: _____

Semester/Year: _____

Previous registration history for this course:

Semester/Year	Lecture Instructor	Grade (if course was completed)
1.		
2.		
3.		
4.		

Student Signature: _____

Date: _____

The student must present this form and a copy of his/her transcript personally to the instructor who will be teaching the course. If approved, the student should present the form to the department chair.

RECOMMENDATION OF INSTRUCTOR

I recommend that this student

Should be permitted to repeat this course for a second time.

Should NOT be permitted to repeat this course for a second time.

Comments:

Instructor Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____