

# MOTLOW STATE COMMUNITY COLLEGE COURSE REPEAT FORM

Last Name	First Name	Middle Name
Student Identification Number		Date

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Please complete one section for each course you are repeating or have repeated.  
Please describe each course as accurately as possible as it was when you were enrolled.

Section 1	Department	Course # <i>CRN required for current course</i>		Description	Location	Semester
Previous Course <i>(to be replaced)</i>						
Current Course <i>(to be counted)</i>		<u>Course #</u>	<u>CRN</u>			
Section 2	Department	Course # <i>CRN required for current course</i>		Description	Location	Semester
Previous Course <i>(to be replaced)</i>						
Current Course <i>(to be counted)</i>		<u>Course #</u>	<u>CRN</u>			
Section 3	Department	Course # <i>CRN required for current course</i>		Description	Location	Semester
Previous Course <i>(to be replaced)</i>						
Current Course <i>(to be counted)</i>		<u>Course #</u>	<u>CRN</u>			

If a grade of "A" or "B" was received in the class you wish to repeat, permission must be requested and received in writing from the Academic Dean. If you receive an "A" or "B", please use this space to request permission, stating the reason(s) you wish to repeat the course. If you need more space, use the back of this page.

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Approved	Disapproved	
		Academic Dean