

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	Dept	Course #	Description	Location	Semester
Previous Course (to be replaced)					
Current Course (to be counted)					

Section 2	Dept	Course #	Description	Location	Semester
Previous Course (to be replaced)					
Current Course (to be counted)					

Section 3	Dept	Course #	Description	Location	Semester
Previous Course (to be replaced)					
Current Course (to be counted)					

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.

Approved	Disapproved

Academic Dean