Registering for a Course Three Times or More  
(only for courses that have been passed twice)  
Office of the University Registrar

Last Name: ___________________________  First Name: ___________________________

Student ID #: ________________________  Term: FL [ ] SP [ ] SM [ ]

Course Title and #: ________________________________  Section #: ________

Instructor: ______________________________________

Passed Course in the following terms:

Term __________

Term __________

Reason for Repeat:
You are requesting to repeat a course for the third time or more for the following reason(s):

________________________________________________

________________________________________________

Advisor or Program Director’s Signature  Date

Financial Aid Counselor  Date

Student’s Signature  Date

Date Received in Registrar’s Office

Date Processed by Registrar’s Office