COURSE REPEAT REQUEST

INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED FOR CORRECTION

Student's Name (Last, First)	Academic Program in which Student is enrolled (A&S, CBA, etc.)
Student ID	Career (Circle Only One)
	□UGRD □GRAD □LAW □ DELETE
	□MED □ DMED □ FLAG
PREVIOUS COURSE TAKEN	
TERM TAKEN SUBJECT COURSE NUMBER (4 digit	s) CREDITS GRADE COURSE TITLE
R	
REPLACEMENT COURSE	
TERM TAKEN SUBJECT COURSE NUMBER (4 digit	s) CREDITS GRADE COURSE TITLE
DAM TIME!	
PREVIOUS COURSE TAKEN	
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REPLACEMENT COURSE	
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Notes (Dean's Office Use Only)	
	OFFICE USE ONLY
C'and and CA admir Daniel Chandral 1 December 11 1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Recorded
Signature of Academic Dean of the Academic Program in which the student is enrolle	d. Verified