

Staff Signature:

Course Repetition Request

Fill out this form to repeat courses you previously completed or from which you withdrew. The final course grade must be posted before a request may be filed. After your registration appointment begins, submit this form with an Add/Drop Card to Admissions & Records. Review course repetition policies at www.lbcc.edu/Admissions/repetition.cfm.

STUDENT INFORMATION					
Last Name Fi	irst Name	MI	Stu	dent ID#	
Phone Number		Email Address	Email Address		
REPEAT REASON Courses cannot be taken more than once except in the following circumstances: Earned a substandard grade of D, F, NC, or NP Received a grade of W Received a passing grade more than three (3) years ago but your program of study requires a more recent completion; Documentation is required Legally-mandated training requirement as a condition of continued employment; Official legal documentation is required Catalog Renumbering Issue: Enrolling in a related but separate course, due to changes in course repeatability; For example SUBJ 1AD is now SUBJ 1, SUBJ 2, SUBJ 3, and SUBJ 4 COURSE HISTORY List the previous enrollments of the courses you intend to repeat.					
		l opcui	For District Use Only		
Course Subjects & Numbers	Semesters & Years	Grades Earned	Approved (Y/N)	If Y: Code Used	
				_PETY _PE3T _RPAL _LMAN _INCL	
				_PETY _PE3T _RPAL _LMAN _INCL	
				_PETY _PE3T _RPAL _LMAN _INCL	
				_PETY _PE3T _RPAL _LMAN _INCL	
I declare under penalty of perju	ry that all information o	on this form is true	and correct.		
Student Signature:		Date:			

For District Use Only

Received On: