



THIRD REPEAT REQUEST

Student Full Legal Name (Please Print)							Preferred Phone Number				
First Name		Middle Initial		Last Name							
Reynolds Student ID Number							Current Term (Please Check)			Current Year	
							Fall	Spring	Summer	20_____	

Students are normally only allowed to enroll in the same course twice. If a student wishes to repeat a course for the third time they must obtain approval by completing the sections below and submitting this form to the Office of the Registrar in person or at registrar@reynolds.edu.

Please list the course(s) to be repeated below

Course Number					Course Subject - Section	Credits	Term

Please state reason for request and plan for succeeding during the third attempt. If repeating more than one course, please address each course separately.

To Be Completed by the Academic Dean or Designee. (If more than one course, please address separately)

Conditions of approval:

By registering for the course and by signing below, you agree to the terms and conditions of this repeat course approval. Please note, this signed and completed form is only valid for one year.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:	
Approved	Not Approved
Dean/Designee Signature: _____	Date: _____
Processed by: _____	Date: _____