REQUEST TO REPEAT A CLASS

College of Arts and Sciences

To request to repeat a course required for a major or minor, complete this form and submit it to the College of Arts and Sciences Dean’s Office: Sullivan 235 (LSC) or Lewis Towers 930 (WTC).

Date: ____________________________

Student name: ____________________________ Student ID: ____________________________

Loyola e-mail address: ____________________________ Phone: ____________________________

1. Student’s school(s):
   - Arts & Sciences (CAS)
   - Communication (SOC)
   - Nursing (SON)
   - Business Admin. (SBA)
   - Education (SOE)
   - Social Work (SSW)

2. Major(s): ____________________________ Minor(s): ____________________________

3. Credit hours earned (not including current semester): ____________ Cumulative GPA: ____________

4. Year in school: (circle one) Freshman Sophomore Junior Senior

5. Transfer student?: (circle one) Yes No

6. Multiple-Degree-Seeking (i.e., enrolled in more than one school)?: (circle one) Yes No
   If yes, which school(s): ____________________________

7. Have you applied for graduation?: (circle one) Yes No
   If yes: I filed for graduation for: (circle one) Fall Spring Summer Year: ____________

8. Course Number/Name:
   (e.g., ENGL 273: Intro to Fiction)
   Previously taken: Term: ____________ Year: ____________ Grade earned: ____________*
   *Additional credit will not be earned in courses in which you earned a D or D+ grade.
   I am requesting to repeat this class in: (circle one) Fall Spring Summer Year: ____________
   Course Number: ____________________________ Section: ____________________________ Class#: ____________________________

9. Is this a required class for a major or minor?: (circle one) Yes No
   If not required, why do you want to repeat this class: ____________________________

10. Is there a related class involved (e.g., lec/disc, lab)? (circle one) Yes No
    Section: ____________________________ Class#: ____________________________

11. Is departmental permission required? (circle one) Yes No

12. Class counts toward: (circle one) Major Minor

13. Enrollment Appointment (date that you register): ____________ Time: ____________

14. I intend to enroll in _______ total credit hours (including this class).

For Office Use Only
   ☐ Authorized Repeat ☐ Unauthorized Repeat

Approved by: ____________________________ Date: ____________________________

(09/2012)