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) ☐ Business Admin. (SBA) ☐ Educ	nmunication (SOC) cation (SOE) Nursing (SON) Cation (SOE) Social Work (SSW)
2. Major(s):	Minor(s):
3. Credit hours earned (not including current semeste	r): Cumulative GPA:
4. Year in school: (circle one) Freshman S	ophomore Junior Senior
5. Transfer student?: (circle one) Yes No	
6. Multiple-Degree-Seeking (i.e., enrolled in mo	ore 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:	
Previously taken: Term:	Year: Grade earned:*_ urses in which you earned a D or D+ grade.
I am requesting to repeat this class in: (circle of	one) Fall Spring Summer Year:
Course Number: (e.g., ENGL 273)	Section: Class#: (e.g. 5311)
9. Is this a required class for a major or minor?:	
If not required, why do you want to repeat this	is class?
10. Is there a related class involved (e.g., lec/disc	e, lab)? (circle one) Yes No
Section: Class#:	
11. Is departmental permission required? (circle on	
12. Class counts toward: (circle one) Major M	inor
13. Enrollment Appointment (date that you register):	Time:
14. I intend to enroll in total credit hour	rs (including this class).
For Office Use Only	☐ Unauthorized Repeat
Approved by:	Date:

(09/2012)