D/F Repeat Petition

Student ID Number:

Student Name:

Last Name

First Name

Student's Signature Date

Check One:

CURRENT

RETROACTIVE

Please Complete All Sections

REPEATED COURSE INFORMATION

Course Subject Course No. Credit Hrs.

ORIGINAL COURSE INFORMATION

Spring
Summer
Fall

Course Subject Course No. Term Taken Year

I verify that the course was first completed prior to or during the term in which the student reached 60 hours of attempted coursework, including transfer hours.

Advisor's Signature Date

Advisor's College or Department Phone

Required if Retroactive

Term Retaken: Repeat Grade

Spring
Summer
Fall

Year

Original Grade

ADVISOR NOTES:

OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY

PROCESSED

REJECTED

_____ STUDENT WITHDREW

_____ STUDENT NOT REGISTERED FOR COURSE

_____ OTHER (SEE COMMENTS)

COMMENTS: OUR ONLY

RECORDED BY: OUR ONLY

DATE