

# UNIVERSITY OF LOUISVILLE<sup>®</sup>

## Permit to Repeat Course

Student's Full Name (Please Print) \_\_\_\_\_

Student ID # \_\_\_\_\_

Course now on record:

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_/\_\_\_\_ / \_\_\_\_/\_\_\_\_/\_\_\_\_ **or** / \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ / \_\_\_\_\_  
 Subject Abbreviation, Section # class # Credits  
 e.g. Math

\_\_\_\_\_ Semester taken Grade on record College or University where taken

Course was/will be retaken:  Fall  Spring  Summer Year \_\_\_\_\_

School in which the student is enrolled at U of L \_\_\_\_\_

Complete the following **only** if the course number or title differs from that listed above:

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_/\_\_\_\_ / \_\_\_\_/\_\_\_\_/\_\_\_\_ **or** / \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ / \_\_\_\_\_  
 Subject Abbreviation, Section # class # Credits  
 e.g. Math

\_\_\_\_\_ Semester taken Grade on record College or University where taken

**Not Eligible to Replace a Grade:** Students applying to replace a grade for a course taken prior to receiving a degree. Other restrictions may apply.

I understand that the course can count only once toward graduation and that all grades earned for the course will still appear on my transcript.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Authorizing Officer \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR REGISTRAR'S OFFICE USE ONLY</b>	
Date Processed _____	by _____
Date Verified _____	by _____

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