



Sqr\_`kq P`qeqelk alo Tdeo\_ @qq`jmq

The purpose of this form is to request permission to take a 6 F K R R \$ D W R W H W W H U V course for DW K L U G time.

Please complete the fields below and deliver the signed form to W K H D Q 2 V I L E W K H 6 F K R R \$ D W R W H W W H U V / 0 D F R & D P S X R V H P D W R \$ / # P J D H G X R Q UHFHLSW RI IRUP \RX ZLOO EH DVNHG WR EULHIO\ PHHW ZLW SULRU WR UHFHLYLQJ DSSURYDO

Name: \_\_\_\_\_ B B B B B

Student ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Email address: \_\_\_\_\_

0 D M R U \_\_\_\_\_

Course to be repeated: \_\_\_\_\_ B B B B B

If the course was O D V W taken: \_\_\_\_\_ B B B B B Date: \_\_\_\_\_

Current GPA: \_\_\_\_\_

, BBB XQGHU IURP WKH 'HDQ RRIW\$UHW6FKWHRVUWHUDVNH WKLV FRXUVH DOO VX XQGHUVWDQG WKDW IDLOXUH WR SDVV WKLV FRXUVH ZLWK D P\ VWXGLHV DW 0LGGOH \*HRUJLD 6WDWH 8QLYHUVLW\

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean \$ S S U R Y D O \_\_\_\_\_ Date: \_\_\_\_\_