



PERMISSION TO REPEAT A CORE OR MAJOR COURSE A 3rd TIME*

DATE: _____

STUDENT ID: _____

STUDENT NAME: _____

CLASS: _____

PERMISSION TO REPEAT A CORE OR MAJOR COURSE A 3RD TIME**

MAJOR

CORE REQUIREMENT

DEPARTMENT	COURSE #	TITLE	CREDITS

STUDENT SIGNATURE

DATE

OXLEY OR FACULTY ADVISOR SIGNATURE

DATE

CHAIR OF THE DEPARTMENT SIGNATURE

DATE

OR

DEAN OF THE UNDERGRADUATE COLLEGE SIGNATURE

DATE

*COMPLETE THIS FORM AND SUBMIT TO THE REGISTRAR'S OFFICE, FOUNDERS HALL, ROOM 223

** YOU CANNOT WITHDRAW FROM THIS COURSE