

**COLLEGE OF MOUNT SAINT VINCENT**

*Registrar's Office Forms:*

**PERMISSION TO REPEAT A SECOND TIME COURSE FORM**

DATE: \_\_\_\_\_

ID: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

\_\_\_\_\_

PERMISSION TO REPEAT 2ND TIME COURSE

MAJOR

CORE REQUIREMENT

CRN	DEPARTMENT	COURSE #	TITLE	CREDITS

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
REGISTRAR OFFICE SIGNATURE

\_\_\_\_\_  
DATE