



COLLEGE OF GRADUATE STUDIES
REQUEST TO REPEAT GRADUATE COURSE(S)

Instructions: Complete the required fields below. Submit this form to the Graduate Office prior to enrolling in the repeated course. The Office of the Registrar will process accordingly upon approval. Students are allowed to repeat only two (2) courses throughout their degree program.

Graduate Student Information:			
Last Name:	First Name:	MI:	
Banner ID #:	Telephone #:		
Street Address:	City:	State:	Zip:
School email address:			

I am repeating the following course(s) during _____ Semester 20_____

1. Current Course Department and Number: _____		
Previous Course Department Number: _____		
Semester/Year: _____	Grade Received _____	Institution: _____

2. Current Course Department and Number: _____		
Previous Course Department Number: _____		
Semester/Year: _____	Grade Received _____	Institution: _____

Student Signature _____ Date _____

Dean, College of Graduate Studies _____ Date _____

Please submit the form to:
The College of Graduate Studies
Kimbrough Room 203 - P. O. Box 4458 - Clarksville, TN 37044
Fax: (931) 221-7641

****OFFICE USE ONLY****

Registrar's Office	Date
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