

NAME: _____ STUDENT ID: _____
Last First M.I.

CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____ TELEPHONE #: _____

I wish to exercise the repeat option granted me under University Regulations for:

COURSE TITLE: _____

PREFIX-NUMBER: _____ SECTION: _____ CREDIT HR: _____

Course repeated in: YEAR _____ FALL SPRING 1ST SUMMER SESSION 2ND SUMMER SESSION

I initially took this course in: YEAR _____ FALL SPRING 1ST SUMMER SESSION 2ND SUMMER SESSION

I initially received a grade of: _____

SIGNATURES: _____ DATE: _____
Student

Director of Graduate Studies DEPT.: _____ DATE: _____

Return the completed form to The Graduate School, Room 202, The Gillis Building, University of Kentucky, Lexington, KY 40506-0033

APPROVED: YES NO _____ DATE: _____
Senior Associate Dean

ENTERED: _____ NOTIFIED: _____