

Missouri Baptist University

REQUEST TO REPEAT A COURSE

NAME: _____
 LAST FIRST MIDDLE MAIDEN/PREVIOUS

STREET ADDRESS CITY STATE ZIP

(_____) _____ - ____ - ____
DAYTIME PHONE NUMBER SOCIAL SECURITY NUMBER

I am petitioning to repeat the following course(s):

COURSE NUMBER:	COURSE TITLE	SEMESTER TAKEN	FINAL GRADE

Are you a current student at Missouri Baptist University?

YES NO

Have you graduated from Missouri Baptist University?

YES NO

If you answered yes, please list your graduation date:

STUDENT'S SIGNATURE

DATE

ADVISOR'S SIGNATURE

DATE

DIRECTOR OF RECORD'S SIGNATURE

DATE