

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
Last First M.I.

List your contact information for preferred method: \_\_\_\_\_

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

COURSE TITLE: \_\_\_\_\_

PREFIX+NUMBER (XXX-123): \_\_\_\_\_ SECTION: \_\_\_\_\_ CREDIT HR: \_\_\_\_\_

I initially took this course in: YEAR \_\_\_\_\_ FALL SPRING SUMMER

Course repeated in: YEAR \_\_\_\_\_ FALL SPRING SUMMER

Email Address: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_  
Student Signature Print/Type Name

\_\_\_\_\_ DATE: \_\_\_\_\_  
Director of Graduate Studies Print/Type Name

DEPT.: \_\_\_\_\_

**Please wait until the end of the year to send so the form  
can be processed**

**SUBMISSIONS:** Please email to your Academic Affairs Officer.

<https://gradschool.uky.edu/academic-affairs-officers>