

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  1<sup>ST</sup> SUMMER SESSION  2<sup>ND</sup> SUMMER SESSION

I initially took this course in: YEAR \_\_\_\_\_  FALL  SPRING  1<sup>ST</sup> SUMMER SESSION  2<sup>ND</sup> 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: \_\_\_\_\_