

Course Repeat Request Form

(Getting GPA not less than D)

Academic Section							
Receive NoDate							
Time Receiver							

Subject: To repeat registration in course that student got GPA not less than D Tel. To: Registrar Name Mr. / Mrs. / Miss. Level of Study Undergraduate Graduate Type of Study Full-time Part-time/ Special Course Faculty														
To: Registrar Name Mr. / Mrs. / Miss	Subject:	To repeat registration in cours	se	Stud	lent ID									
Name Mr. / Miss. Level of Study Undergraduate Graduate Type of Study Full-time Part-time/ Special Course Faculty		Tel.	0											
Level of Study	To: Regis	strar												
Type of Study	N	Name Mr. / Mrs. / Miss					· • • • •	• • • • •	•••••		· • • • • • •	•••••	•••••	
Faculty	Level of S	Study Undergraduate	Gradua	ate										
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in the semester	Faculty			Major				.Mi	nor					
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Repeating registration in course that student got GPA not less than D must be allowed by Head of Academic Affairs. If the tudent is not allowed, the registrar would withdraw the course that the student registered. I request hereby for your consideration Sincerely	Course that student got GPA not less than D				Course requested									
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Sincerely	tudent is not allo	owed, the registrar would with	ndraw the cou	urse that the	student re	gister	ed.							
Sincerely														
	I request 1	hereby for your consideration												
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SignatureApplicant								-						
-				Sign	ature						Appli	cant		

Date...../.....

Procedure for approval							
1. Advisor's Comment	2. Chairman						
Considered	Considered						
(Mr. / Mrs. /Miss)	Approved						
Approved	Disapproved because						
Disapproved because							
	Signature Chairman						
Signature Advisor	Date/						
Date/							
3. Head of Academic Affairs	4. Registration Department						
Considered	Checked. The student is allowed to register.						
☐ Approved ☐ Disapproved because	SignatureRegistrar						
Signature Head of Academic Affairs							
Date/							