

University of Kentucky
COLLEGE OF COMMUNICATIONS & INFORMATION STUDIES

Repeat Option Form

Date: _____

Name: _____ Social Security No: _____

Email: _____ Phone (include area code): _____

Address: _____

City, State, ZIP: _____

Number of repeat options used prior to the action(s) below _____.

I understand this allows me to repeat *one time each* as many as *three* different courses in which I earned a grade of B, C, D, or E, and that only the grade, credit hours, and quality points for the second completion will be used in computing my academic standing and credits for graduation.

I desire to exercise one (or more) of the repeat options granted to me under University Regulations as indicated below:

Course Prefix & Number	Title	Credits	First Enrolled				Second Completion		
			Sem.	Year	Grade		Sem.	Year	Grade
1.									
2.									
3.									

My signature below indicates that I clearly understand that I CANNOT, at a later date, change this designation.

 Student's Signature