

# Request To Repeat Course For Third Time

7/31/2015 EM

(email completed form/information to [jlyle@tcl.edu](mailto:jlyle@tcl.edu))

**NOTES:**

**Today's Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student TCL ID Number:** \_\_\_\_\_

**Student Phone #1:** \_\_\_\_\_

**Student Phone #2:** \_\_\_\_\_

**Student Email #1:** \_\_\_\_\_

**Student Email #2:** \_\_\_\_\_

**Course to be Repeated:** \_\_\_\_\_

**Last Semester Course Was Taken:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_

**Major/Program of Study:** \_\_\_\_\_

**Supporting Documentation Attached:**

(please redact any SSN's before you scan docs)

**TSUM: Test Summary**

**STRK: Student Remarks**

**STAC: Student Academic Credits**