Repeat Course Request

Admissions / Enrollment Services Office
173 Skirmisher Ln · Middletown, VA 22645
Telephone: 540-868-7110 Email: admissions@laurelridge.edu Fax: 540-868-7005

Semester: ☐ Fall ☐ Spring ☐ Summer Year: 20 ___

Student ID# _____ Date of Birth _____ Phone _____

Name _____ _____ _____
Last First Middle

Class #	Subject	Course #	Section	Course Title	Session (14, 12, 10, 8, 5 week)	Credits
12345	*MTH*	*163*	*1HOM*	*Precalculus I*	*14*	*3*
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please attach an unofficial Laurel Ridge transcript for review.

Reason for request and your plan to complete the class successfully on the 3rd attempt:

_____

_____

I understand that failure to complete the course a third time may result in me having to take the course at another college and transfer it back to Laurel Ridge. This includes any reason for not completing the course including withdrawal, mitigating circumstances, etc. Students petitioning to repeat a course should contact the administrative assistant for the appropriate dean, listed below, to make an appointment. All financial aid students are encouraged to discuss repeat attempts with a financial aid representative.

Student's Signature: _____ **Date**: _____

I voluntarily consent to the use of an electronic record of my Laurel Ridge student file. I acknowledge that, by logging into the MyLaurelRidge system with my unique credentials and emailing from my @email.vccs.edu account to provide Laurel Ridge with this data, I have given my electronic signature which has the same legal and binding effect as a "wet" or handwritten signature.

Submit completed form to the appropriate Dean's Administrative Assistant according to course.

☐ Approve ☐ Not Approved

Reason or relevant note if not approved:

_____

_____

_____

_____

Academic Dean/Designee's Signature: _____ **Date:** _____

For office use only
Electronic signature verified by: _____ **Processed by:** _____ **Date** _____

Revised 5/31/2022 LIME GREEN