

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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

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*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 submit the completed form to Enrollment Services, who will present it to the Director of Advising for approval before enrolling. 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 Enrollment Services ([admissions@laurelridge.edu](mailto:admissions@laurelridge.edu)) for approval and processing.**

Approve  Not Approved

Reason or relevant note if not approved:

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**Director of Advising/Designee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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