



Repeat Course Request

LFCC Admissions / Enrollment Services Office
173 Skirmisher Ln · Middletown, VA 22645
Telephone: 540-868-7110 Email: admissions@lfcc.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 (15, 12, 10, 8, 5 week)	Credits
12345	MTH	163	1HOM	Precalculus I	15	3

Please attach an unofficial LFCC 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 LFCC. 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 LFCC student file. I acknowledge that, by logging into the MYLFCC system with my unique credentials and e-mailing from my @email.vccs.edu account to provide LFCC 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:** _____

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