

REGISTERING FOR A COURSE THREE TIMES OR MORE
(only for courses that have been passed twice)

STUDENT AND COURSE INFORMATION

Last Name: _____ First Name: _____

Campus Key: _____ Term: _____ FL _____ SP _____ SM

Course Title and #: _____ CRN #: _____

Instructor: _____

Passed Course in the following terms:

Term 1: _____ Term 2: _____

Reason for Repeat *(you are requesting to repeat a course for the third time or more for the following reason[s]):*

SIGNATURES

Student: _____ Date: _____

Advisor or Program Director: _____ Date: _____

Financial Aid Counselor: _____ Date: _____

PROCESSING

- Send completed and signed form to TJU_EF_Registrar@jefferson.edu
- A copy of the signed form must be retained in the student's advising file.

Date Received by Registrar's Office: _____ Date Processed by Registrar's Office: _____