

Milwaukee Area Technical College
School of Health Sciences

STUDENT COURSE REPEAT REQUEST FORM

This form is used by the student to request permission to repeat a single technical course. The student is required to follow the course repeat procedure outlined in the **Course Repeat & Readmission Procedures** section in the School of Health Sciences Student Handbook.

Course enrollment is based on space availability and program specific protocols.

(PLEASE PRINT- Use black or blue ink)

Student Name: _____ I.D. # _____

Phone Number(s): _____

Program: _____

Course Name & Number: _____

Instructor Name: _____

Reason for repeat (Check all that apply):

- Student or instructor initiated withdrawal
- Academic
- Personal

Required – Brief explanation for course repeat: (Attach sheets or use other side as needed)

Student Signature & Date _____

Instructor Signature & Date _____