

# HENDERSON COMMUNITY COLLEGE

## OPTION TO REPEAT

Date: \_\_\_\_\_

Current Semester \_\_\_\_\_

Student:

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
Employee/Student I.D. Number

\_\_\_\_\_  
Social Security Number

The following Course(s) are being taken under the Option to Repeat Policy

Course Name/Number (ex. ENG 101)	Previous Semester Course was Taken (ex. Fall 2000)	Grade Earned (Office Use Only)

Signed: \_\_\_\_\_  
Applicant

Registrar: \_\_\_\_\_

Approved: \_\_\_\_\_  
Advisor

FOR OFFICE USE ONLY

Date Grade Recorded \_\_\_\_\_