

**UNIVERSITY OF EASTERN AFRICA, BARATON**  
**P.O Box 2500-30100**  
**CHARTERED LEGAL NOTICE No. 111, 1991**  
**APPLICATION TO REPEAT A COURSE FORM**

***Fill in triplicate***

STUDENT ID NO. \_\_\_\_\_ LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Year of Graduation \_\_\_\_\_

My Bulletin \_\_\_\_\_ Course Code \_\_\_\_\_ Course Title \_\_\_\_\_

Year and Trimester you want to repeat course: Academic Year \_\_\_\_\_ Trimester \_\_\_\_\_

Reason for repeating the course \_\_\_\_\_

The grade required in the course for graduation or in order to take a higher course \_\_\_\_\_

Number of times the course has been taken \_\_\_\_\_ Number of Times the course has been repeated \_\_\_\_\_

Year and Trimester the course was taken

1<sup>st</sup> Attempt: Trimester \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

2<sup>nd</sup> Attempt: Trimester \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

3<sup>rd</sup> Attempt: Trimester \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

4<sup>th</sup> Attempt: Trimester \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

5<sup>th</sup> Attempt: Trimester \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

School Dean \_\_\_\_\_ Date \_\_\_\_\_

DVC-Academics \_\_\_\_\_ Date \_\_\_\_\_

When this form is dully filled, take it to the registrar who will present it to the Academic Standards Committee (ASC) for approval.

**FOR OFFICIAL USE**

Date Application Received at Registrar's Office \_\_\_\_\_

ASC ACTION TAKEN \_\_\_\_\_ Date \_\_\_\_\_

ACTION NUMBER \_\_\_\_\_ Date Action Entered \_\_\_\_\_

REGISTRAR'S SIGNATURE \_\_\_\_\_

**REMINDER:** Please check with the Registrar whether your request has been approved before the new Trimester in which you intend to repeat the course

Registrar (One copy)

Department (One copy)

Student (One copy)