



**Labouré College**  
**Office of the Registrar**  
**Application to Repeat a Course(s)**

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Complete and return this form to:  
 Labouré College  
 Attn: One-Stop Student Service Center  
 303 Adams Street, Milton, MA 02186  
 Fax: (617)296-7947 or Email: Registrar@laboure.edu

_____	_____	_____
Date	Program	GPA
_____	_____	_____
Student Name	ID#	Last Date of Attendance (LDA)

Repeat Policy:

Students seeking to repeat a course for a third time must complete the Application to Repeat a Course Form located online at my.laboure.edu or at the One-Stop Student Service Center. This form will include an explanation of the circumstances for the request. The decision to approve requests to repeat any course for a third attempt will be made by the Academic Progression Review Committee. The Academic Progression Review Committee will notify the Office of the Registrar of any approvals made in order for the student to be enrolled in the course. *Withdrawing from a course will be considered as an attempt.*

**ASN Students: Division of Nursing Additional Information**

ASN students must follow the policy above. Additionally, ASN students are allowed to repeat a science or nursing course only once. Students may request to repeat a course a third time, due to extenuating circumstances. See extenuating circumstance policy in the Nursing Student Handbook. Any student who is not approved to repeat a course by the Academic Progression Review Committee or who does not achieve a passing grade in any subsequent science or nursing course will be dismissed from the nursing program.

Course(s) to Repeat:

**STUDENT TO COMPLETE:**

**ADMINISTRATION**

Course Code	First Attempt, Semester & Year	First Attempt, Grade Earned	Second Attempt, Semester & Year	Second Attempt, Grade Earned	APRC Approval (Y/N)

*Please continue to back of form*

Please describe the reason that you are requesting to repeat these courses:  
(This area can be written or you can attach a separate document)

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Student Signature

By signing, I acknowledge that I have read this form and understand that I am requesting to repeat a course(s). I understand that this request must be approved by the Academic Progression Review Committee. I also understand that I am responsible for any financial or academic obligations I may have.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Academic Progression Review Committee Approval

Approved

Approved with Conditions

Denied

Additional Comments: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Engagement Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_