

Complete and return this form to:
Labouré College
Attn: Academic Progression Review Committee
303 Adams Street, Milton, MA 02186
Fax: (617)296-7947 or Email: Registrar@laboure.edu

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

Policy for Repeating a Course:

Students are allowed to repeat a course once without permission. If a student seeks to repeat a course a second time, then the student must complete an Application to Repeat a Course Form located online at my.laboure.edu or at the Welcome Center. Withdrawal from a course counts as an attempt. External transfer credit awarded through the Office of the Registrar after a course is taken at the College will count as an attempt.

The approval to repeat any course will be authorized by the Academic Progression Review Committee with support of the Division Chair or Dean. The final decision will be emailed to students from the Office of the Registrar.

External transfer credit after a second attempt of the course must be approved by the Academic Progression Review Committee before the transfer credit can be applied to the student record. The decision of the Academic Progression Review Committee can be appealed by contacting

Repeating a Course: Division of Nursing ASN Additional Information

This form is not applicable to students who wish to repeat an ASN professional course. A student will be dismissed from the nursing program if the student is unsuccessful (less than 77%, or, withdraw while failing) in any professional course. Dismissed students who wish to be readmitted to the ASN program must review the [Catalog and Student Handbook](#) for readmission information.

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 page 2

Self Evaluation, Reflection, and Extenuating Circumstance:

Please briefly describe the reason that you are requesting to repeat this course. Be specific in your self evaluation and reflection. Include any extenuating circumstances that may have lead you to be unsuccessful in your previous attempt of the course. If you have documentation to support your extenuating circumstance, please attach for review.

Plan for Success:

If permitted to re-enroll in the course for an additional attempt, what are steps that you can take to ensure that you will be successful?

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 with support of the Program Dean or Chair. In the event that my request is denied, I am aware it will mean dismissal from my current program. I also understand that I am responsible for any financial or academic obligations I may have.

Student Signature: _____ Date: _____

Faculty Recommendation (optional):

Would you recommend that this student retake this course(s)? Why, or why not?

Faculty Signature: _____ Date: _____

Academic Progression Review Committee Recommendation:

Approved Approved with Conditions Denied

Additional Comments:

Committee Chair Signature: _____ Date: _____

Program Dean or Chair Approval

Approved Approved with Conditions Denied

Additional Comments:

Program Dean or Chair Signature: _____ Date: _____

<p>Registrar Use Only</p> <p>Processed by: _____ Date: _____</p>
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