

2026 - 2027 REPEAT COURSEWORK FORM

Name	ctcLink Student ID #
Phone Number	Current Program
	Repeat Course Name/Number

I understand that I may be allowed to repeat a previously passed course required for my current program one time.
 I am requesting that I receive funding for my repeat enrollment in the course noted above for _____ quarter.

I understand that my enrollment in this course is subject to all satisfactory academic progress (SAP) monitoring standards, and that this course will factor into the total number of attempted credits for my program.

CERTIFICATION

I understand that submitting this form electronically as an email attachment **using my SVC email account** constitutes my signature and my certification that the information provided herein is complete and correct.

Once completed, this form may be submitted via your mySVC email account, to financial.aid@skagit.edu. Note: this email address is for document submission only.

Student Signature	Date
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SVC FINANCIAL AID OFFICE USE ONLY		
ESK080	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	INITIALS & DATE: