



Repeat Course Request and Approval

Student Name _____ Student ID A _____

The following course should be marked as repeated on my academic record:

Original course number	Title	Semester/year
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Repeated course number	Title	Semester/year
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I understand that the new grade replaces the original grade in my cumulative average and that the original grade will remain on my transcript factored out of the gpa and marked as repeated.

Student signature _____ date _____

Advisor Approval

The above repeat request is appropriate.

Advisor signature _____ date _____

Department Approval (see statement below)

A repeat course must be the same in title, number and credits. Any course not exactly the same in these aspects must be approved as equivalent by the offering department of the original course.

Department Chair signature _____ date _____
(original course offering)