



Repeat Approval Form

OFFICE USE ONLY
Date Entered: _____

Student Name: _____ Student ID: _____

Student's Major: _____



_____ has exceeded the maximum number of repeats for:
Student's Name (Please Print Clearly)

- An individual course (3 repeat maximum)
- The overall repeat maximum (6 total repeats)

Total credits earned: _____ Cumulative GPA: _____

The student is requesting to be registered for the Year _____ Semester _____
Course Prefix _____ Course Number _____ Course Section _____ Class Number _____

(One form per repeat request)

Reason why the student must repeat the course: (Student must complete this section.)

Student's Signature: _____ Date: _____



Print Advisor's Name _____ Advisor's Signature _____

Dean's Signature: _____ Date: _____

- Approved
- Denied