Repeat Approval Form

Student Name: ____________________________ Student ID: ____________________________

Student’s Major: ____________________________

____________________________________ has exceeded the maximum number of repeats for:

□ 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