Repeat Course Approval Form

Student Name: ___________________________________________ Date: ___________________

Banner ID: ___________________________________________ GID: ___________________________

<table>
<thead>
<tr>
<th>Attempt</th>
<th>Course Repeating</th>
<th>Semester Taken or Planning to Take</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
<td></td>
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<tr>
<td>2nd</td>
<td></td>
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<tr>
<td>3rd</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Reason for repeating course:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ________________________________ Date: ___________________

_____ Recommended  _____ Not Recommended  ______________________________________

Advisor Signature

_____ Approved  _____ Not Approved  _____________________________________________

Academic Dean Signature

Copy to the Office of the Registrar

Processed by: ___________________________________________ Date: ___________________