Repeat Course Approval Form

Student Name: ___________________________________________ Date: ___________________
Banner ID: ____________________________________________ GID: __________________________

<table>
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<tr>
<th>Attempt</th>
<th>Course Repeating</th>
<th>Semester Taken or Planning to Take</th>
<th>Grade</th>
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<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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Reason for repeating course:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Student Signature: ___________________________________________ Date: ___________________

____ Approved   ____ Not Approved   ______________________________________________________
Advisor Signature

____ Approved   ____ Not Approved   ______________________________________________________
Academic Dean Signature

Copy to the Office of the Registrar

Processed by: ___________________________ Date: ___________________