



# Repeat Approval Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

College of Primary Major: \_\_\_\_\_

Primary Major/Plan: \_\_\_\_\_

\_\_\_\_\_ 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 would like to repeat:

Course Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Course Section \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

*(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: \_\_\_\_\_