

# Authorization to Repeat a Course

Revised 01/28/16



## OFFICE OF THE REGISTRAR

This form is to be used by departments to authorize using a substitute course for a subsequent repeat or to grant permission to exceed the repeatable limit of a course. This form cannot be processed until grades have been posted for all courses involved in the request. For additional information, please see the [Repeat Policy](#).

*Note: Any repetition of a course outside of the parameters listed below will be considered an invalid repeat. A grade may be earned and posted to the academic transcript; however, the credit hours and the grade points will not be accumulated into student totals and will not affect GPA. Such a course will have a comment of "IR" for Invalid Repeat.*

**Student Name:** \_\_\_\_\_ **BearPass #: M** \_\_\_\_\_  
Last First M.I.

**Classification:**  Undergraduate  Graduate

### FOR DEPARTMENT USE ONLY

Select one:

Authorization to substitute a similar course as a repeat

Original Course: Course Code _____ Course Number _____ Section Number _____ Credit _____ Semester and Year Original Course was taken: Spring _____ Summer _____ Fall _____ YEAR YEAR YEAR may be substituted with New Course: Course Code _____ Course Number _____ Section Number _____ Credit _____ Semester and Year of New Course: Spring _____ Summer _____ Fall _____ YEAR YEAR YEAR
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Permission to exceed the repeatable limit for the following course:

Course Code _____ Course Number _____ Section Number _____ Credit _____ Spring _____ Summer _____ Fall _____ YEAR YEAR YEAR Check the appropriate condition below: <input type="checkbox"/> Variable content course that allows repeats, but the student has permission to exceed the repeatable limit. <input type="checkbox"/> Course completed over eight years ago and is disallowed toward program completion requirements. <input type="checkbox"/> Course content has changed substantially either due to passage of time or due to changes to course content or course number.
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#### Approval for Undergraduate Students

\_\_\_\_\_  
Department Head Signature Date

#### Approval for Graduate Students

\_\_\_\_\_  
Graduate Program Advisor Signature Date

\_\_\_\_\_  
Graduate College Signature Date

Once approved, send form to Office of the Registrar for processing.

OFFICE USE ONLY: \_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date