APPLICATION FOR APPROVAL OF COURSE REPEAT REGISTRATION
Submit completed form to <u>YOUR</u> College Dean's Office

Name _____ Banner ID @_____

Major _____ College _____ Advisor _____

Phone _____ IUP E-mail: _____

Application **MUST INCLUDE** completed Course Repeat Form

Number of Course Repeat forms applied to date: _____
MAY NOT EXCEED 6

Course (ENGL 101)	Course Title	Semester/Term originally taken	Semester/Term being repeated	Approved Yes/No

Comments:

_____ _____
College Dean or Associate Dean Date Entered by Date

9/13

Date:	Entered in Banner
Date:	Student notified