



Course Repetition Approval Form: MTH or CS

Submit form to:
Department of Mathematical & Computer Sciences
Science Building, Room 1022 303-615-0299

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

Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Course to be repeated: \_\_\_\_\_ Semester to repeat course: \_\_\_\_\_

Previous attempts and grades (Fall 2013 or later)

Semester & Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Semester & Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Semester & Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Check all that apply:

- Course required for General Studies
Course required for Major (Permission of an advisor for this major is required.)
Course required for Minor (Permission of an advisor for this minor is required)
None of the Above Reason for request: \_\_\_\_\_

Advisor Permission Granted (check one) YES [ ] NO [ ]

Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Math & CS Department Permission (check one) YES [ ] NO [ ]

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For M&CS Department use only:

PREREQUISITE: \_\_\_\_\_ DATE TAKEN: \_\_\_\_\_

SFASRPO Override entered (date): \_\_\_\_\_ By \_\_\_\_\_