Course Repeat Declaration
The University of Alabama in Huntsville
SSB 120
Huntsville, AL 35899
(p) 256-824-7777 (f) 256-824-7780 (e) chargerc@uah.edu

Name:____________________________________________ Student ID:_____________________
Address: _________________________________________ Phone: __________________________
________________________________________________ Email: ___________________________
College: (circle one) Arts, Humanities, & Social Sciences Semester: (select one) Fall – Spring – Summer
Business Education Engineering Nursing Science
Major:___________________________________________
Academic year: ______________________

GRADUATE STUDENTS
Please supply the following information for the course you wish to repeat:

Example:

Department         Course Number         Credit Hours          Semester Taken            Semester Repeated
MA 515 3.0 Fall 2007 Spring 2008

Department         Course Number         Credit Hours          Semester Taken            Semester Repeated

I understand that only one (1) course repeat is permitted during my entire graduate career and any additional courses repeated will be averaged in my GPA.

Student Signature ________________________________________          Date______________

*Return this form to Registrar’s Office (SSB 120)

UNDERGRADUATE STUDENTS
The course listed below should NOT count as a course repeat:

Example:

Department         Course Number         Credit Hours          Semester Taken            Semester Repeated
MA 171 3.0 Fall 2007 Spring 2008

Department         Course Number         Credit Hours          Semester Taken            Semester Repeated

I understand that only five (5) course repeats are permitted during my entire undergraduate career and any additional courses repeated will be averaged in my GPA. I understand that this class will NOT be considered as a course repeat and both grades will be averaged into my GPA.

Student Signature ________________________________________          Date___________________

*Return this form to Registrar’s Office (SSB 120)

Official use only: Repeat number: __________ Date received: __________________