

## REPEAT COURSE SUBSTITUTION

STUDENT'S NAME	STUDENT ID	PRIMARY MAJOR	DATE

Original Course	Term	Grade		Substitute Course	Term

This student may use the substitute course as the repeat for the original course.

\_\_\_\_\_  
Academic Dean's Signature

Return this form to the University Registrar's Office, 213 Whitmore, no later than the add/drop deadline for the semester the substitute course is being taken.