



Office of the Registrar

Repeat Course Approval Form

Student Name: _____ Date: _____

Banner ID: _____ GID: _____

Attempt	Course Repeating	Semester Taken or Planning to Take	Grade
1 st			
2 nd			
3 rd			

Reason for repeating course:

Student Signature: _____ Date: _____

____ Recommended ____ Not Recommended _____

Advisor Signature

____ Approved ____ Not Approved _____

Academic Dean Signature

Copy to the Office of the Registrar

Processed by: _____ Date: _____

Office of the Registrar
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registrar.auburn.edu