Permission to Repeat Course Form

Please submit form with Dean's Signature to registrar@uno.edu.

Last Name   **First Name**   **Middle Name**

Student ID Number: **Program/Plan:**

Permission is granted for the above named student to repeat the following course:

	Term	Class Number	Department	Course Number	Section	Credit Hours
Previous Course						
Current Course						

The previous course will receive a Repeat Code (RPT) after the completion of the current semester.

Reason for Repeat:

_____   _____   _____
Print name of Dean   Signature   Date

**All fields are required for the form to be processed. **
This form only approves a course for repeat; it does not grant permission for any other overrides (i.e., closed sections, maximum hours, etc.)

- -

Registrar's Office Use Only

_____   _____
Signature   Date