



Authorization to Repeat a Course

Student Name: _____

Student ID#: 800_____

Use this form to request permission to repeat a course in the College of Health and Human Services. Indicate which semester(s) you plan to take the repeated course by checking the appropriate box. Submit completed form to the CHHS Advising Center, located in CHHS 103 or fax to 704.687.1785.

I would like to repeat the following course(s):

1. _____ Fall Spring Summer I Summer II

Explain why you are repeating the course: _____

2. _____ Fall Spring Summer I Summer II

Explain why you are repeating the course: _____

3. _____ Fall Spring Summer I Summer II

Explain why you are repeating the course: _____

4. _____ Fall Spring Summer I Summer II

Explain why you are repeating the course: _____

I certify that all the information I have given on this form is true. I understand that I will be contacted via the 49er Express email if my request is approved. Once I receive this email, it is my responsibility to register for the class. **The CHHS Advising Center does not register students for classes.** An authorization does not guarantee a seat in the class; therefore it is very important for you to register immediately.

Student Signature: _____

Date: _____

This request for authorization is: Approved Denied

Advisor Signature & Date: _____