



**Authorization for Similar Repeat**

- Use this form only when original course is no longer offered and no active direct equivalent exists
- Course substitute is to cover comparable material as original course at similar level
- Completed form must be submitted to the Registrar's Office by Wednesday of the second week of the semester in which the student is registered in the similar course

**Student Information**

\_\_\_\_\_ *M-number*

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

**Original Course**

\_\_\_\_\_ *Course Number*

\_\_\_\_\_ *Semester & Year Taken*

\_\_\_\_\_ *Grade*

**Repeat with the following**

\_\_\_\_\_ *Course Number*

\_\_\_\_\_ *Semester & Year Offered*

**Approvals**

\_\_\_\_\_ *Academic Advisor (Print Name)*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Department Chair/Dean (Print Name)*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Associate Registrar (Print Name)*

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*