## Michigan Technological University

## **Registrar's Office**

## AUTHORIZATION FOR SIMILAR REPEAT

<ul> <li>Used only when the original course is no lo</li> <li>Permission of the academic advisor or dep</li> <li>Course substitute is to cover comparable m</li> </ul>	partment chair or college dean i	s required
Student Name	Student ID	
vishes to repeat the following Michigan Tech course	, tak (Subject & Course Number)	en (Semester & Year)
vith a grade of, with the following course	(Subject & Course Number)	_ offered (Semester & Year)
The most recent grade will be used to calculate the GP	PA, credits earned, and class sta	nding.
Academic Advisor Name and Signature	Date	
Department Chair Name and Signature	Date	

Completed form should 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.

Registrar's Office 130 Administration Building registrar@mtu.edu 906-487-2319