AUTHORIZATION FOR SIMILAR REPEAT

- Used only when the original course is no longer offered and no active direct equivalent exists
- Permission of the academic advisor or department chair or college dean is required
- Course substitute is to cover comparable material as original course at similar level

Student Name _____________________________________________  Student ID _________________________

wishes to repeat the following Michigan Tech course ______________________, taken ________________________

(Subject & Course Number) (Semester & Year)

with a grade of __________, with the following course ________________________ offered _________________

(Subject & Course Number) (Semester & Year)

The most recent grade will be used to calculate the GPA, credits earned, and class standing.

_____________________________________________  ______________________________
Student Signature                                      Date

_____________________________________________  ______________________________
Student Signature                                      Date

_____________________________________________  ______________________________
Student 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
geristrar@mtu.edu
906-487-2319

Revised 10/2021