



COLLEGE OF ARTS AND HUMANITIES
Office of Student Affairs

College of Arts and Humanities
Exception to Repeat Policy Credit Waiver Form

I, _____, _____ - _____ - _____ am requesting to register for
Student's Name - Please Print University Identification Number
_____ for the _____ time during the _____ semester/session. The form indicates
that I have been advised by the appropriate department(s) regarding reenrollment options for this course.

I also understand that the College of Arts and Humanities, Office of Student Affairs must authorize the final
approval which is not necessarily guaranteed on every occasion in which I attempt to repeat courses.

Student's Signature

Date

Department Offering Course
Advisor's Name- Please Print
Advisor's Signature and Stamp
Date

Major Advisor's Name- Please Print
Major Advisor's Signature and Stamp
Date
(Check here if this course is needed to fulfill a major requirement.)

ARHU Advisor's Name - Please Print

ARHU Advisor's Signature and Stamp

Date

ARHU USE ONLY
Exceeding 18 credit Repeat limit ? _____
Number of repeated credits/courses _____