# Course Repeat Form

**STUDENT NAME:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

**Student ID (CU Boulder):**

**Term and Year:**

**Email:**

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1. Please complete the following fields with courses you will be retaking at your institution. The student above must repeat the following course(s) his/her degree program:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Course Title</th>
<th>Department</th>
<th>Course #</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. M/D/YR - M/D/YR</td>
<td>General Chemistry I</td>
<td>Chem</td>
<td>1011</td>
<td>5</td>
</tr>
</tbody>
</table>

2. **Student Signature:** ____________________________  **Date:** ____________

3. **Advisor Print/Sign:** ____________________________  **Date:** ____________

   (CU Boulder Advisor)

Courses that are successfully completed may not be certified for VA purposes if they are repeated.

*This form must be presented with original signatures. No electronic copies.*

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4. **Veteran Services Certifying Official(Print/Sign)**

   **Date**

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The Department of Veteran Affairs regulations prohibit a veterans benefit recipient from receiving educational benefits for a repeated course unless documentation, provided by the student’s university, department or academic advisor, substantiates the need for repeating coursework.

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