Course Repeat Form

STUDENT NAME: ____________________________

Last       First       Middle Initial

Student ID (CU Boulder): ___________________________________________

Term and Year: ____________________________     Email: ____________________________

(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.

(4) Veteran Services Certifying Official(Print/Sign)     Date

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.

Rev. 3.27.2019