

## **Veteran and Military Affairs**

Center for Academic Success and Engagement (CASE), W322 200 UCB

Boulder, Colorado 80309 Phone: (303) 492-7322 FAX: (303) 492-1880

## **Course Repeat Form**

STUDENT NAME:					
_	Last First			Middle Initial	
Student ID (CU Boulde	er):				
Term and Year:	n and Year: Email:				
		vith courses you will be ro s) his/her degree progran		tion. The stude	ent
Dates	C	Course Title	Department	Course #	Credit Hours
Ex. M/D/YR - M/D/YR	Gene	eral Chemistry I	Chem	1011	5
		_			
(2) Student Signature:				Date:	
(3) Advisor Print/Sign:				Date:	
	(CU Boulder Advisor)				
	•	ay not be certified for VA		eated.	
*This form must be pro	esented with origi	inal signatures. No electro	onic 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.