Course Repetition Approval Form: EAS
Submit form to:
Department of Earth and Atmospheric Sciences
Science Building, Room 2028

Student Name: ____________________ 900 Number:_____________________
Phone: __________________________ Email: __________________________
Major: __________________________ Minor: __________________________

I am requesting approval to take the following course and additional time:

Course Name and Number: ____________________________________ CRN:_______________

Previous attempts and grades (Fall 2013 or earlier)

Semester & Year: __________________________ Grade: __________
Semester & Year: __________________________ Grade: __________
Semester & Year: __________________________ Grade: __________

Check all boxes that apply:

☐ Course required for General Studies
☐ Course required for Major (Permission of an advisor for this major is required.)
☐ Course required for Minor (Permission of an advisor for this minor is required.)
☐ None of the Above

Advisor Permission Granted (circle one) YES NO
Name __________________________ Department __________________________
Signature __________________________ Date __________________________

EAS Chair Permission YES NO
Name: Jason Janke
Signature __________________________ Date __________________________

For EAS Department use only:
SFASRPO Override Entered: __________________ By ______________________
(DATE) Revised 10.18.2013