Office of the Registrar

TENNESSEE TECH

REQUEST TO REPEAT A SPECIAL TOPICS COURSE FOR CREDIT

Student Name: _____ T#: _____
              (Last)   (First)   (MI)

Term/Year: _____   Today's Date: _____

Course Information (*Please complete **both** fields for Previous and Current Course Information*):

Previous Topic

CRN	Subj.	Course No.	Sect. No.	Course Title	Credit Hours	Repeatable Course* Y/N

Current Topic

CRN	Subj.	Course No.	Sect. No.	Course Title	Credit Hours	Repeatable Course* Y/N

Departments: all courses must be indicated as repeatable or not repeatable in the tables above.

Registration: if a course is marked as repeatable, send a copy of this form to Graduation for Degree Works purposes.

Student Signature: _____

Advisor Signature: _____

Chair Signature: _____

OFFICE USE ONLY: Processed by Registration: _____   Processed by Graduation: _____