



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 |
|-----|-------|------------|-----------|--------------|--------------|------------------------|
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Current Topic

| CRN | Subj. | Course No. | Sect. No. | Course Title | Credit Hours | Repeatable Course* Y/N |
|-----|-------|------------|-----------|--------------|--------------|------------------------|
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**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: _____