

University of Hawai'i at Hilo
Graduate Repeat Course Notification Form

Name: _____
(Last) (First) (M.I.)

Student ID _____

Email: _____@hawaii.edu

Phone #: _____

Signature: _____

Date: _____

Current Semester (*Check one*): Fall Spring Summer Year: _____

Current Course Be aware of any changes in the course listing of number or alpha

Previous Course <i>List separately each time course was previously taken</i>
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	Credits	Course Alpha/No	CRN		Credits	Course	Grade	Sem/Year
1.	_____	_____	_____		_____	_____	_____	_____
2.	_____	_____	_____		_____	_____	_____	_____
3.	_____	_____	_____		_____	_____	_____	_____

Obtain Approval Signatures:
We certify the approval that the above class(es) may be repeated.

Primary Advisor Name: _____

Advisor Signature: _____ Date: _____

Program Chair Name: _____

Program Chair Signature: _____ Date: _____

Graduate Division Chair Name: _____

Graduate Division Chair Signature: _____ Date: _____

Submit completed form to the Office of the Registrar for processing.