



# Graduate Repeat Course Notification Form

Graduate Division / 200 West Kawili St. Hilo, HI 96720-4091 / COBE Room 206 / Phone: (808) 932-7926

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Semester (Check One):  Fall  Spring  Summer Year: 20 \_\_\_\_\_

Current Course(s)		
Be aware of any changes in the course listing, number, or alpha		
CRN	Course Alpha/No	Credits

Previous Course(s)		
List separately each time course was previously taken		
CRN	Course Alpha/No	Credits

### Approval Signatures:

We certify that the above course(s) may be repeated:

Primary Advisor Name: \_\_\_\_\_

Primary Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Chair Name: \_\_\_\_\_

Program Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form to the Graduate Division**

Graduate Council Chair: \_\_\_\_\_

Graduate Council Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR GRAD DIVISION OFFICE USE ONLY:

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