

**SCHOOL OF NURSING
UNIVERSITY OF ALABAMA AT BIRMINGHAM
GRADUATE STUDIES**

Request For Approval For Repeated Courses

NAME _____ DATE _____ BlazerID/B# _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ EMAIL _____

PROGRAM _____

I am requesting the following course(s) be approved as a repeat:

COURSE PREFIX & NUMBER

TERM/YEAR TAKEN

Please return this form to the Office of Student Success by email at sonstudaffrs@uab.edu

FOR OFFICE USE ONLY

Approval of the request as stated above is:

_____ Denied for the following reasons:

_____ Granted

Program Director Signature

Date