

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

**Request For Approval For Repeated Courses**

NAME \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

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

COURSE PREFIX & NUMBER

TERM/YEAR TAKEN

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**RETURN THIS FORM TO THE SCHOOL OF NURSING STUDENT AFFAIRS OFFICE, ROOM 105**

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**FOR OFFICE USE ONLY**

Approval of the request as stated above is:

\_\_\_\_\_ denied

\_\_\_\_\_ granted

\_\_\_\_\_/\_\_\_\_\_  
Signature, Masters Program Director / Date