The University of Pittsburgh   **COURSE REPEAT REQUEST**

INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED FOR CORRECTION

Student's Name (Last, First, M.I.) Please Print	Academic Program in which Student is enrolled

Student ID

☐ ☐ ☐ ☐ ☐ ☐ ☐

Career (Circle Only One)
☐ UGRD   ☐ GRAD   ☐ LAW
☐ MED   ☐ DMED

☐ **DELETE FLAG**

PREVIOUS COURSE TAKEN

TERM TAKEN	SUBJECT	CATALOG NUMBER	CREDITS	GRADE	COURSE TITLE
R			.		

REPLACEMENT COURSE

TERM TAKEN	SUBJECT	CATALOG NUMBER	CREDITS	GRADE	COURSE TITLE
			.		

PREVIOUS COURSE TAKEN

TERM TAKEN	SUBJECT	CATALOG NUMBER	CREDITS	GRADE	COURSE TITLE
R			.		

REPLACEMENT COURSE

TERM TAKEN	SUBJECT	CATALOG NUMBER	CREDITS	GRADE	COURSE TITLE
			.		

		FOR REGISTRAR'S OFFICE USE ONLY
Signature of Academic Advisor:	Date:	Recorded
Signature of Academic Dean of the Academic Program in which the student is enrolled.	Date:	Verified

SHRS Updated 1/ 2023

Place additional notes below: If you are noting that the course(s) are equivalent - please start note with Equivalent" or "Equivalent courses"