

## The University of Montana - Western

## COURSE REPEAT FORM

**INSTRUCTIONS:** Use this form to request a review of your records to determine if you have successfully repeated a course at Western. You must answer ALL questions and provide all information requested on the back of this form, failure to complete the form or provide necessary information will result in automatic rejection of your request. Write legibly. Contact the UM-W Registrar if you have questions - (406) 683-7471.

**REPEAT LIMITATIONS** - Only repeat evaluations involving two or more UM-W courses will be reviewed. In order to consider one UM-W course as a repeat of another UM-W course, the two courses must be "equivalent". Equivalent courses are normally those with the **same rubric**, course number, course title, subject content, credit value, and course level; both the initial course and the repeat course must have been attempted at Western. In instances where there is a question of course equivalency, division and department approval may be required.

Requests to evaluate course repeats when either course attempted is not a UM-W offering will be denied; students should contact officials at the other colleges attended to initiate such reviews.

FormCourseRepeats 8/2004

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FormCrseRepeats 8/2004

STUDENT NAME - \_\_\_\_\_ ID/SSN - \_\_\_\_\_ DATE - \_\_\_\_\_  
MAILING ADDRESS - \_\_\_\_\_  
(Street / PO Box) (City) (State) (Zip Code)

**REPEATED COURSE INFORMATION** (provide ALL information requested)

COURSE TITLE (initial attempt) - \_\_\_\_\_ DEPT - \_\_\_\_\_ CRSE # - \_\_\_\_\_ CR - \_\_\_\_\_  
WHEN WAS THIS COURSE ATTEMPTED? Academic Year - \_\_\_\_\_ Term - \_\_\_\_\_ GRADE EARNED - \_\_\_\_\_

**COURSE TO BE COUNTED AS A REPEAT OF THE COURSE ABOVE** (provide ALL information requested)

COURSE TITLE (subsequent attempt) - \_\_\_\_\_ DEPT - \_\_\_\_\_ CRSE # - \_\_\_\_\_ CR - \_\_\_\_\_  
WHEN WAS THIS COURSE ATTEMPTED? Academic Year - \_\_\_\_\_ Term - \_\_\_\_\_ GRADE EARNED - \_\_\_\_\_

STUDENT NAME - \_\_\_\_\_ ID/SSN - \_\_\_\_\_ DATE - \_\_\_\_\_  
MAILING ADDRESS - \_\_\_\_\_  
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