

DO NOT REPEAT BACKGROUND COURSE FORM

TO: College of Graduate Studies

Director of Doctoral Studies or Dean of College _____

Department Chair _____

Course Information

Term/Year	Subject	Course #	Grade	Credit Hours

T# _____

Current Overall GPA: _____

Last Name

First Name

Middle Name

Background Courses:

A student will be required to repeat each non-degree related course in which a grade of D, U, F, WF, IF, X or NF is assigned except that, with approval of the student's advisory committee, repetition of a course will not be required if a student's cumulative grade average on all courses (degree and nondegree) is at least B (3.0).

Advisory Committee Approval:

Chair

Members

College of Graduate Studies: _____ Date _____