

MATH COURSE REPEAT FORM

Name: _____	TUId: _____	
Mathematics course being repeated:		
_____	_____	_____
Course Number	Course Title	Semester
<ul style="list-style-type: none">• I registered for the above Math course in order to become better prepared for future Math and/or Science courses I need to complete at Temple.• I understand that completion of this Math course will result in a loss of transfer credits that I previously earned.• I understand that this decision cannot be reversed.		
Student Signature _____		
Advisor Signature _____	Date: _____	

Submit form to Coordinator for Transfer Programs, OVPUS, 500 Convell Hall (038-23) or Fax to 215-204-3175