



COURSE REPEAT FORM FOR CREDENTIAL STUDENTS

Please Note: This form must be filed by the third week of the semester in which the course is being repeated. Proof of enrollment must accompany this form. Please submit form to the Credential Office in person or via email at credprep@csun.edu.

Name: _____ CSUN ID: _____

Email: _____ Phone: _____

Credential Program:

- () Multiple Subject
- () Single Subject
- () Education Specialist
- () Other: _____

Course to be repeated: _____
Course Number and Title

Grade received: _____ Term Taken: _____

Term course will be repeated: _____

Signature: _____ Date: _____

OFFICE USE

- Recommended Not Recommended

Date Submitted: _____ Name: _____

Signature: _____