N J I T
New Jersey's Science & Technology University

Course Repetition Approval Form (Undergraduate Equivalent Courses that have changed Subject and ID)

Original Course ID to Be Replaced: _____

TERM: Fall (   ) Spring (   ) Summer (   )

Current Course ID Substitution: _____

TERM: Fall (   ) Spring (   ) Summer (   )

Academic Advisor's Signature   _____   Date _____

Dept. Chairperson's Signature   _____   Date _____
(Academic Dept. offering the course)

Please print clearly

Student Name: _____

NJIT ID Number: _____

Major: _____

Degree: _____

FOR OFFICE USE:

Date Received: _____
Date Posted on Record and comment noted in Banner: _____By_____
Note: Scan and e-mail or deliver form to Office of the Registrar. **Do not have student deliver form.**
Process time is minimum two weeks upon receipt.