



**UW Bothell Course Repeat**  
**FOR VA EDUCATION BENEFITS**

**1. STUDENT INFORMATION**

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Last Four Digits of Student SSN: XXX-XX- \_\_\_\_\_

Academic Quarter: \_\_\_\_\_

Academic Year: \_\_\_\_\_

**2. REASONS FOR COURSE REPEAT – TO BE COMPLETED BY ADVISER**

The Department of Veterans Affairs does not pay for courses, which are repeated only to raise the student's grade point. However, we recognize there may be other circumstances that require a student to repeat a course. If you have any questions, please call us at 425.352.5240.

- Repeat course name and number: \_\_\_\_\_
- Previous grade for repeat course: \_\_\_\_\_
- Reasons for repeating course:
  - ☐ Student previously failed the course.
  - ☐ A minimum grade of \_\_\_\_\_ is required for all: \_\_\_\_\_ department courses.
  - ☐ Other reasons, please state below: \_\_\_\_\_

**3. ADVISER SIGNATURE**

**I verify that the information I provided on this form is true and complete to the best of my knowledge.**

Adviser Name: \_\_\_\_\_

Email: \_\_\_\_\_

Adviser Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**4. STUDENT CERTIFICATION AND SIGNATURE**

**I understand it is my responsibility to inform the UW Bothell Veterans & Military Educational Benefits Office if I change my schedule or program. If I do not, I may be overpaid benefits, which I will be obligated to return to the Department of Veterans Affairs. I authorize the UW Bothell Veterans & Military Educational Benefits staff to release information from my student record to the Department of Veterans Affairs.**

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_