

Course Repeat Form

Name: _____ Date: _____

Student ID#: _____ Major: _____

Note: Please be aware that only the last grade will be computed in your GPA.

	Course Number	Title	Semester	Credits
First Course				
Second Course				

Student Signature: _____

Advisor Signature: _____

Note: Grade change form must be filled out when student earns grade for repeated course.

Revised 08/1/07