

Course Repeat Form



Pine
Technical
College

Revised: 3/2010

Please Print

Name: _____ Student ID #: _____

Major: _____ Date: _____

Note: Please be aware 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.

Return to Records Office



800.521.7463/
320.629.5100



www.pinetech.edu



900 Fourth Street SE
Pine City, MN 55063



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