

REPEATED COURSE FORM

Office of the Registrar, 3800 Victory Parkway, Cincinnati Ohio 45207-3131 phone 513 745-3941, FAX 513 745-2969

							Undergraduate
Student I.D. Number		NAME: Last		First		Middle	Graduate
Original Course:					/		
	Subject Area	Class #	Section #	Credit Hours	Year/Term	Grade	
* Current Course:					/		* Course taken to replace the previous course.
	Subject Area	Class #	Section #	Credit Hours	Year/Term	Grade	previous course.
	A cour			e repeated up to two	(2) additional times, including		
	Signature of Student				Date		

White-Registrar, Yellow-Dean

rev. 9/29/08