

REPEATED COURSE FORM

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

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	a previous course.
	A cours		for credit may be	e repeated up to two (2	2) additional times, including	any withdrawals.	