

REPEAT OF COURSE

PLEASE PRINT

Name _____ ID # _____
(Last/First/Middle Initial)

Enter the following information about the course you have repeated or are repeating. The last grade will be computed in your cumulative Grade Point Average at the time you complete the repeated course.

Return the form to the Records Office. This notice is not required if you received a grade of "W" or "V".

Discipline	Course #	Orig. Semester/Qtr & Year Taken	Semester/Qtr & Year Repeated

If you are repeating a course that was transferred to Century, enter the information below as listed in their catalog. Your transfer credits and grade point average will reflect the repeat.

Discipline	Course #	Orig. Semester/Qtr & Year Taken	Semester/Qtr & Year Repeated

Signature _____ Date _____