



REPEAT CLASS APPLICATION FORM

STUDENT NAME: _____
Last First Middle

STUDENT ID #: _____

COURSE TITLE TO REPEAT: _____ COURSE #: _____

INSTRUCTOR NAME: _____
Last First Middle

Winter Spring Summer Fall Quarter of Year 20____

*** STUDENT CAN REPEAT ANY PREVIOUS COURSE WITH C OR D GRADE ONLY ONCE.**

*** ONLY THE HIGHER GRADE WILL BE INCLUDED IN THE CALCULATIONS OF CGPA, QGPA, AND THE MINIMUM COMPLETION PERCENTAGE.**

*** REPEAT COURSES ARE NOT COVERED BY FINANCIAL AID**

*** STUDENT NEEDS TO PAY TUITION FEE PRIOR TO STARTING THE COURSES.**

Student Signature

Date

Approved by Academic Office

Date

FOR OFFICE USE ONLY

Posted by Registrar _____

Date _____

Posted by Fiscal Officer _____

Date _____