



OZARKA COLLEGE
COURSE REPEAT FORM

I hereby declare my intent to repeat the following Ozarka course(s). I understand the higher of the two grades is the only one that will be used in computing my grade point average. I further understand that if I am attempting to replace a grade of C or better, this course cannot be used in calculating my eligibility for financial aid.

Print Name

Student ID Number

Signature

Date

Approved:

Academic Advisor

Date

Registrar

Date

<u>Course #(s)</u>	<u>Course Title(s)</u>	<u>When Taken</u>	<u>Grade Earned</u>	<u>New Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Return completed form to the Registrar's office for processing.

Thank you.