



River Valley Community College Course Repeat Form

Date: _____

Student Name _____

Student ID#: _____

Program: _____

Course Name and Number to be repeated: _____

Please state the reason why you want to repeat this course:

Please list the academic activities that you will implement to facilitate your success in the repeated attempt of this course. These activities may include but are not limited to the following: meeting on a regular basis with your faculty, seeking assistance from tutors, working on test taking skills, etc.:

Signature of Student: _____ Date: _____

Signature of Program/Academic
Advisor: _____ Date: _____

Signature of Program Director of Course to be
repeated: _____ Date: _____

Signature of VPASA: _____ Date: _____

Copies: Registrar, academic advisor, student

May 2019

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Phone (603) 443-4200

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438 Washington Street, Keene, NH 03431
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