

River Valley Community College

Course Repeat Form

Date: _____

Student Name and ID#: _____

Program: _____

Program or Academic Advisor: _____

Course Name and Number: _____

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 staff in Department of Instructional Services (tutors, test taking skills, etc.)

Signature of Student

Date

Signature of VPAA

Date

Copies: Registrar, academic advisor, student

August 2006