

COLUMBIA COLLEGE

Course Repeat Request Form

NOTE: Must; Shall; Will: Should: May or Could; Can:	Clarification of Terms These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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Columbia College, Registrar's Office
 802 Manning Road N.E., Calgary, AB T2E7N8
 Toll Free in Canada / US: 1-888-235-9370
 Other: 1-403-235-9300, Fax: 1-403-272-3805

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Student ID Number (if applicable)

For Office Use Only:

Reference Number

Review the Change of Grade / Grade Appeal Policy document at www.columbia.ab.ca for instructions on form use and fee information.

About you					
Student Name:	Last	First	Middle	Phone (Day):	
Former Name:	Last	First	Middle	Phone (Evening):	
Mailing Address:				City/Town:	
Province/State:		Postal/Zip Code:		E-mail:	
Name of Program currently registered in at Columbia College:					
About your Request					
1	Complete course information for course(s) you wish to repeat.				
	Columbia College Course Code	When was course originally taken?	Original Grade	All Doc./Fee Recvd. (Y/N)	Approved (Initial)
2	Explain why you wish to repeat this/these course(s).				
The fees and student signatures must be provided with this request. Cheques are not accepted. Fees may be sent by Money Order, VISA or Mastercard; or cash or debit if paid in person.					
The personal information on this form has been collected for the sole purpose of processing your request. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information please contact the Corporate Privacy Officer. This form must be signed before we can process your request.					
Student Signature:			Signature date:		
For Registrar's Office Use Only					
Received By:			Date Received:		
Program Coordinator Signature:			Program Coordinator Signature Date:		
Processed By:			Date Processed:		