

**Itasca Community College
Records Office
Repeated Course Form**

Date _____ Student ID _____ Phone _____

Student Name _____

Street Address _____
(Mailing Label Please Print)

City, State, Zip _____

ICC Repeated Course Name _____

Course Number _____ Number of Credits _____

Term course was originally taken _____
(Term) (Year)

Term course was repeated _____
(Term) (Year)