



MILLIKIN UNIVERSITY®

Registrar's Office
1184 West Main Street
Decatur, Illinois 62522

217.424.6217
217.420.6789
www.millikin.edu

Repeated Course

Student Name: _____
(Please Print Name)

Student ID#: _____

Term course is being repeated (Check Box): Fall Spring Year: _____

I'm enrolling in: _____
(department, code, CRN#, section#, title)

I wish to repeat: _____
(department, code, CRN#, section#, title)

Take at: _____ Term(Check Box): Fall Spring Year _____

Attention Financial Aid Recipients: A repeated course may or may not advance your academic progress. Please contact the office of Student Financial Services to determine credits necessary to continue to qualify for financial Aid.

Student's Signature Date