

# OZARKS TECHNICAL COMMUNITY COLLEGE

## AUTHORIZATION TO REPEAT A COURSE Office of the Registrar

This form is used as a request to substitute a course for a subsequent repeat or to request permission to exceed the repeatable limit of a course. This form cannot be processed until final grades have been posted for all courses involved in the request. Please see the [Repeat Policy](#) for more information.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First M.I.

**Please choose one of the following options:**

<p><b>Request to substitute a similar course as a repeat</b></p> <p>Original Course: Code (i.e. ENG) _____ Number _____ Section _____ Credit Hours _____</p> <p>Semester and Year Course Was Taken _____</p> <p><b>Substitute With:</b></p> <p>New Course: Code (i.e. ENG) _____ Number _____ Section _____ Credit Hours _____</p> <p>Semester and year of New Course _____</p> <p><b>Request permission to exceed the repeatable course limit</b></p> <p>Course Code _____ Number _____ Section _____ Credit Hours _____</p>
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Once all signatures have been obtained, please bring this form to the Student Services office of any OTC location or forward it to [registrar@otc.edu](mailto:registrar@otc.edu).**

Received by/Date

Processed by/Date