CIPRIANI COLLEGE
OF LABOUR AND CO-OPERATIVE STUDIES
OFFICE OF THE REGISTRAR

REPEAT COURSE FORM

COMPLETE IN BLOCK LETTERS ONLY

Student ID Number

Academic Year

Last Name

First Name

MI

Home Contact

Work Contact

ext

Cell

Programme/ Level

Campus: North ❒ South ❒ ❒ Tobago

Semester 1 ❒

No.	Course Code	Course Title
1.		
2.		
3.		
4.		

Semester 2 ❒

No.	Course Code	Course Title
1.		
2.		
3.		
4.		

_____ _____

Student Signature *Date*

FOR OFFICIAL USE ONLY

No. of Courses: _____ *Tuition Fee Per Course:* _____

Total Registration Fee: ( ) Course/s x ($) = _____

Receipt No. _____ *Cashier Signature:* _____

Signature: _____ *Date Application Received:* _____

Admissions Office, Staff Member