

History Topics Courses

If you are taking a course under the same number twice, this form must be completed and submitted in order for you to get credit for both.

Student's Name: _____

I.D Number.: _____

Check University Level: U1 U2 U3 U4

Home or Cell Tel., # _____

Student Signature: _____

Date: _____

COURSE Number and Title: _____

First time: **TERM:** _____ **CRN:** _____

Topic: _____

Instructor: _____

Second time: **TERM:** _____ **CRN:** _____

Topic: _____

Instructor: _____

**This form must be returned to the Department of History and Classical Studies, Leacock 712, in order to get credit for the second course*