



OSSD 1999 Students with Repeated Courses

Student Name:
(Please print) _____

Student Trillium #: _____

Date of Birth: _____

School Year: _____

*I have chosen to repeat the courses listed below in order to upgrade my mark(s), with full understanding that **I will not earn additional credit(s).***

Repeated Course(s):

Student Signature: _____

Parent Signature:
(If student is under 18 years of age) _____

Guidance Counsellor: _____

Date: _____