

2046 North Parkway | Jackson, TN 38301

TELS Repeat Form

Name		J#		Term
Last	First	M.I.		
utilize the higher of the two grad	des. The hours fro	om both classes wi	Il still count toward	rse during their college career and ls the student's TELS maximum udent transfers to another school.
I hereby request to replace my grade from the course listed below with the grade from this same course taken during the semester listed below:				
Course Name	Cours	e Number F	irst Semester	Second Semester
I certify that the information submitted true and accurate to the best of my knowledge. I understand that by utilizing this option now I will not be able to utilize again in the future. I authorize the Registrar's Office to replace my first semester grade in the above course with my second semester grade for my TELS GPA.				
Student Signature		Dat	e	
Note: This does not impact to	ne JSCC GPA.	only the TELS G	PA.	