The Ohio State University First-Year Seminar Program Repeat Course Form

Seminar Title	
Instructor's Name and Primary Academic Unit (please print)	Date
Instructor's Title	
Instructor's e-mail Address	
Describes and Cheiste Assessed (alone a wind)	D. t.
Department Chair's Approval (please print)	Date

Please send the completed form, along with any updates to the current syllabus, and a biographical sketch, to:

First-Year Seminar Program
ATTN: Todd Bitters
100 Denney Hall
164 Annie & John Glenn Ave.
Columbus, OH 43210

You can also scan the form and attachments and send by e-mail to bitters.4@osu.edu.