



University of Victoria

Computer Science

# REQUEST TO REPEAT A COURSE FOR THE THIRD TIME

**THIS FORM MUST BE RETURNED TO THE CSC ADVISING CENTRE: [cscadvisor@uvic.ca](mailto:cscadvisor@uvic.ca)**

The Department will determine if the request is to be granted, after consultation with the Coordinator of Undergraduate Studies (Dean's Designate). If not approved, you will be dropped from the course.

## PART 1: TO BE COMPLETED BY THE STUDENT

Student name: \_\_\_\_\_ Student V#: \_\_\_\_\_

I request permission for an additional attempt at (course): \_\_\_\_\_

I have previously attempted the class \_\_\_\_\_ times in the following terms:

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's e-mail address: \_\_\_\_\_

## PART 2: TO BE COMPLETED BY THE COORDINATOR OF UNDERGRADUATE STUDIES (DEAN'S DESIGNATE)

Request approved: Yes No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Notified