



REQUEST TO REPEAT A COURSE

Students are responsible for submitting this form by the deadline specified by the Department. Typically, this is 4:30pm two weeks prior to the final Add Date; however, the Department reserves the right to adjust this deadline as necessary.

Please note that these forms are term-sensitive; a new form must be submitted each term a course repeat is attempted.

Name: _____ Student Number: V0 _____

Course: _____ Term: _____

Term and grade from 1st attempt: _____

Term and grade from 2nd attempt: _____

Term and grade from 3rd attempt: _____

What specific actions and strategies have you/will you use to successfully complete the course?

Please note that your request will not be granted if this section is not completed.

Date submitted: _____

Please note that approval is not automatic and is based on judgements about your reason for taking the course and your prospects for success in considering your stated intentions. Approval for a 4th attempt is only considered in exceptional circumstances.

(Department Use Only)

Undergraduate Advisor: _____ Date: _____ Decision: _____

Reason for decision: _____

Dean (or designate): _____ Date: _____ Decision: _____