



# Request to Repeat a Course

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_ Date: \_\_\_\_\_

Course you wish to repeat: \_\_\_\_\_ Semester you wish to take this course: \_\_\_\_\_

How many times have you taken this course? \_\_\_\_\_ Current Major or Target Program: \_\_\_\_\_

## NOTE

Requests to repeat a course will not normally be granted unless all of the following conditions are met:

- The course is required for the current major or target program you specified above;
- You have waited at least one full semester since you last took the course; and
- You have successfully completed at least three other post-secondary courses since you last took the course.

On the back side of this page, please describe why your previous attempts at this course were not satisfactory.

## ACKNOWLEDGEMENTS

1. I acknowledge that, if this request is granted, I must take the course in the semester for which it is approved. If I do not take the course in this semester, I will need to re-apply.
2. I acknowledge that, if this request is granted, it is my responsibility to register for the course. Registration for this course is not automatic and the Faculty of Arts will not do the registration for me.
3. I understand that, if this request is approved, the grade I receive when I repeat the course will replace all other grades that I have previously received for this course, even if the new grade is lower than my previous grades.
4. I understand that this is the final opportunity for me to take this course. I acknowledge that, since this course is required for my major or program, if I do not pass this course this time I will be required to change my major or program.

\_\_\_\_\_ *signature*

\_\_\_\_\_ *date*

### OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

**INITIAL SCREENING:** Required? \_\_\_\_\_ Wait 1 Semester? \_\_\_\_\_ Completed 3 Courses? \_\_\_\_\_ Transfer Credit? \_\_\_\_\_ Screened by: \_\_\_\_\_

### DECISION:

Permission to repeat the above course has been **granted** **denied** for the \_\_\_\_\_ semester.

Conditions / Reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Joseph Piwowar, PhD - Associate Dean (Undergraduate), Faculty of Arts

\_\_\_\_\_ Date

**NOTIFICATION:** Override entered and letter sent by: \_\_\_\_\_ Date: \_\_\_\_\_



# Request to Repeat a Course

Why were your previous attempts at this course not satisfactory?  
What will you do to ensure your success this time?