



3rd ATTEMPT - REPEAT PERMISSION REQUEST FORM

Student Name: _____ Student ID Number: _____

Course you wish to repeat: _____ Semester you wish to take this course: _____

How many times have you taken this course: _____ Current or Target program: _____

Have you consulted with an academic advisor in the Faculty of Social Work? YES _____ NO _____

CRITERIA:

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

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

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 submit a new request.
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 Social Work is not responsible for adding the course 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.
5. I understand that, in the case that this is a required course for my program, if I do not pass the course this time, I will be required to change my program.

STATEMENT:

State the reasons why you were not successful in your first two attempts to pass the course, including any extenuating circumstances that may have contributed to the situation, and what you will be doing differently or how circumstances have changed, to enable you to successfully complete the course this time. Additionally, please explain why it is important for you to complete the course.

Student's Signature



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INITIAL SCREENING:

Required? _____ Waited 1 Semester? _____ Completed 3 Courses? _____ Screened by: _____

ADVISOR'S COMMENTS:

Advisor's Signature

Date

DECISION:

Permission to repeat the course in the semester listed on page 1 has been GRANTED _____ DENIED _____.

CONDITIONS:

Associate Dean's Signature

Date

☐ Student Notified

☐ Permission entered on Banner