

## Request to Repeat Course

Fill in the student request section below and take it to the STEM Undergraduate Office (Discovery 352)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Student Number: \_\_\_\_\_

Course wanting to repeat: Number and Section: \_\_\_\_\_ SLN: \_\_\_\_\_

Requesting course for: Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Previously Taken and Action:

Quarter	Year	Grade	Withdrew
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include a letter explaining your previous performance in the course and what you would do differently if given the opportunity to retake it.

*To be completed by office*

Decision:

\_\_\_\_\_ Denied

\_\_\_\_\_ Return the week before classes for departmental registration depending on space.

\_\_\_\_\_ Approved and register with entry code \_\_\_\_\_

Comments: