



**REQUEST TO ADD A MUTUALLY EXCLUSIVE, DUPLICATE COURSE, SEQ, LA, or LB**

**NOTE: When a course has been repeated, only the last grade achieved will be calculated in the degree GPA.**

**SURNAME:** \_\_\_\_\_

**GIVEN NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_

**Contact Phone #** \_\_\_\_\_

**Course to be repeated:** \_\_\_\_\_ **When do you want to repeat this course? (choose only 1 term)** \_\_\_\_\_ **Original grade in course:** \_\_\_\_\_

Fall 20\_\_\_\_  Winter 20\_\_\_\_  Summer 20\_\_\_\_ \_\_\_\_\_

**Course to be repeated:** \_\_\_\_\_ **When do you want to repeat this course? (choose only 1 term)** \_\_\_\_\_ **Original grade in course:** \_\_\_\_\_

Fall 20\_\_\_\_  Winter 20\_\_\_\_  Summer 20\_\_\_\_ \_\_\_\_\_

**Course to be repeated:** \_\_\_\_\_ **When do you want to repeat this course? (choose only 1 term)** \_\_\_\_\_ **Original grade in course:** \_\_\_\_\_

Fall 20\_\_\_\_  Winter 20\_\_\_\_  Summer 20\_\_\_\_ \_\_\_\_\_

**LAST TERM TAKEN (LA, LB)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your request will be processed within 24 hours or by the next business day. After the 24 hours you may register for the course via the Internet. If you experience any problems in registering for the course please call the Dean's Office at 204-474-9100.

**FOR OFFICE USE ONLY**

**LA**  **OR**    **LB**  **OR**    **DUPLICATE**  **OR**    **SEQ**  **OR**    **MUTEX**  **OR**    **TOPIC**

**PERMISSION:**    Granted     Denied     **Advised student of Repeat Rule & Register**

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION TO BE COMPLETED BY AN ADVISOR (NOTES ON WHY GRANTED OR DENIED):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_ **STAFF SIGNATURE:** \_\_\_\_\_

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