



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

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[] 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: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University: Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of determining whether you will be granted permission to repeat a course, or equivalent course, and for communication regarding your request.