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: ___________________________________________________________

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

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______________________________________________________________________

DATE: ___________________________ STAFF SIGNATURE: ___________________________