



### REPEAT COURSE FORM

The student must complete the following information, print, sign and submit the form to SCI 154 or email completed form to [biology.okanagan@ubc.ca](mailto:biology.okanagan@ubc.ca) by the last day of the late registration period. If approved, student will be force-registered in the XMT lab and sent an email.

Date: \_\_\_\_\_

Student name: \_\_\_\_\_

Student number: \_\_\_\_\_

Student email: \_\_\_\_\_

Course number and section: \_\_\_\_\_

Course name: \_\_\_\_\_

Year and term course first taken: \_\_\_\_\_

Previous Course Instructor: \_\_\_\_\_

Student signature: \_\_\_\_\_

(\*Email submission of this request is accepted in lieu of student signature.)

.....  
**FOR OFFICE USE ONLY**

**Note that the student must have obtained a minimum grade of 60% in the passed portion.**

Policy statement included in course syllabus? Yes \_\_\_\_\_ No \_\_\_\_\_

Grade for the lecture component: \_\_\_\_\_ P F Weighting (% of final grade) \_\_\_\_\_

Grade for the laboratory component: \_\_\_\_\_ P F Weighting (% of final grade) \_\_\_\_\_

Year and term course repeated: \_\_\_\_\_

Course instructor: \_\_\_\_\_

Unit Head Signature: \_\_\_\_\_

ent / reg / em: