



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 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.)

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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: