



Repeat Course Form

The student must complete the following information, print, sign and submit the form to SCI 154 or scan and 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 #: _____

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

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: _____

Department Head Signature: _____

ent / reg / em: