



COLLEGE OF  
MOUNT SAINT VINCENT

Request to Repeat a Course a Second Time/Take a Course a Third Time

DATE: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

Request to Repeat a Course a Second Time/Take a Course a Third Time\*

MAJOR

CORE REQUIREMENT

DEPARTMENT	COURSE	TITLE	CREDIT

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHAIR OF THE DEPARTMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OR

DEAN OF THE COLLEGE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*COMPLETE THIS FORM AND EMAIL IT TO registrar@mountsaintvincent.edu

\* YOU CANNOT WITHDRAW FROM THIS COURSE