



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

AND

DEAN OF THE UNDERGRADUATE COLLEGE SIGNATURE DATE

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

* YOU CANNOT WITHDRAW FROM THIS COURSE