DOUGLAS COLLEGE OFFICE OF THE REGISTRAR PO Box 2503 New Westminster, BC Canada V3L 5B2 New Westminster and Coquitlam Douglascollege.ca Phone: 604-527-5478

Email: dc crr@douglascollege.ca



Request To Repeat a Course

STUDENT INFORMATION						
Student Number:		Student Name:				
Phone Number:		Email Address:				
Course (Subject and Number):		Term you would like to repeat the course:				
Current Program:						
Stud	dent Signature:	Date (DD/MM/YY):		M/YY):		
IMP	ORTANT INFORMATION					
As stated in the Course and Status Changes Policy, a credit or audit student may register for the same graded course (A, B, C, etc) a maximum of two times. A credit or audit student may register for a Mastery graded course (MAS, EXP, NM) a maximum of three times. Some departments have specified other repeat course policies for their program. Please refer to the College Catalog or department handbook for details. This policy applies to all cases of registration, whether or not the course is successfully completed or the student withdraws.						
•	Please note if you are repeating a course you have already passed it is not eligible for student loan funding.					
•	The Course and Status Changes Policy can be found at: https://www.douglascollege.ca/-/media/F0164E6FF28F44829CBEA6F2460A5A65.ashx					
•	If you believe you have extenuating circumstances that may exempt you from this course repeat policy, please complete this form in detail. Supporting documentation (e.g.: doctor notes, medical report and death certificate) are required if you have medical and family reasons. Your request will not be processed until the supporting documentation is provided.					
•	Completed forms will be accepted starting four weeks before priority registration in each semester. They can be submitted to the Registrar's Office in person, by fax: 604-527-5696 or via email dc_crr@douglascollege.ca. Your request will be reviewed by the course faculty Dean or Associate Dean. It may take up to 7 business days to process a request.					
•	You will be contacted by email with the decision by the Dean's Office from the course faculty area. Course repeat approval is not guaranteed. Receiving approval to repeat a course does not guarantee a seat in the course . Approval is for one semester . If you cannot register in the course for the term you have been given approval for, you will need to contact the Registrar's Office to request moving the approval to the subsequent semester. Requests will be accepted starting four weeks before priority registration in each semester					
	Note: Some course repeats are not eligible for student loan. Contact the Financial Aid Office for further information.					
FREEDOM OF INFORMATION Date Received:						
FRE	POINT OF HALOUMATION			Date Received:		

The information on this form is collected by Douglas College under the authority of the College and

Institute Act, and Section 27(2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to decide on your request to repeat a course. If you have any questions about

the collection and the use of this information, please contact privacy@douglascollege.ca.

Registrar's Office

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TO BE COMPLETED BY THE STUDENT							
1.	What are the reasons for taking this specific course?						
2.	2. Rationale as to why you were unable to successfully complete the course in your previous attempts. Please provide details for each attempt						
	a. Detailed rationale for the 1st attempt:						
	b. Detailed rationale for the additional attempt(s):						
IMPORTANT: If you have extenuating circumstances that are medical and family related, you must provide supporting documentation (e.g.: doctor							
	notes, medical report and death certificate). You request will not be processed until supporting documentation is provided						

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Request To Repeat a Course

TO BE CO	OMPLETED BY THE STUDE	NT REQUEST TO REP				
3.		ntly to ensure your success in this cour	se?			
4.	What is your alternative a	academic plan in the event that you ar	e unable to repeat (or successfully complete) the course?			
5.	5. Additional information you would like us to consider (optional).					
	JSE ONLY	a decision.	Additional Comments from (Deep /Asses Deep)			
Name of Dean/Assoc. Dean making decision:			Additional Comments from (Dean/Assoc. Dean):			
A	Dami	Date of Decision:				
Approve	Deny					