



Registrar's Office
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REPEATED COURSE FORM

University of Lethbridge ID Number:	Date:
Last Name:	First Name:

Which course from your transcript is being repeated?

Course Subject and Number <i>(e.g. ECON 5010)</i>	Course Title <i>(e.g. Microeconomic Theory)</i>

Which course is replacing the course indicated above?

Course Subject and Number <i>(e.g. ECON 5010)</i>	Course Title <i>(e.g. Microeconomic Theory)</i>

School of Graduate Studies approval granted by:

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

DECLARATION

I have read and understand the regulations regarding repeating a course as outlined in the [Graduate Academic Calendar](#).

Once complete, please save this form and attach it to an email addressed to student.records@uleth.ca from your '@uleth.ca' email address or submit a paper copy to the Lethbridge Registrar's Office (SU140) or the Calgary Campus Office (S6032).

_____	_____
<i>Student signature required if submitting paper copy</i>	<i>Date</i>

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