**MEng REPEAT/REPLACE A FAILED COURSE**

***STUDENT INFORMATION:***

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| --- | --- | --- | --- |
| **GIVEN NAME(S):** | **LAST NAME:** | | **STUDENT NUMBER:** |
| **FAILED COURSE:** | | **GRADE OBTAINED:** | |

*If the failed course is available to be taken again:*

**Repeat Course:**

I will repeat the failed course in the following term:

I understand that the minimum grade requirement for repeating a course is 74% and if I do not earn this grade, this course will not count towards my program requirements and will count as a second failed course.

*If the failed course is no longer being offered:*

**Replace Course:**

I will replace the failed course with:       in the following term:

*A replacement course must be in a similar area as the failed course. Requests for replacement courses that are in an area unrelated to the failed course will not be approved.*

I understand that the minimum grade requirement in a replacement course is 68% and if do not earn this grade, this course will not count towards my program requirements and will count as a second failed course.

**Student Signature:**

Name Signature Date (yyyy/mm/dd)

**Approval of MEng Program Advisor:**

Name Signature Date (yyyy/mm/dd)