

If you have failed the same (or equivalent) course twice and wish to enrol in the course for a third time, you will need permission from the relevant Amo | Dean. Postgraduate students are only permitted to attempt a course twice and will need permission from the Amo | Dean to repeat a failed course for a second time. If permission is granted, it will be your last opportunity to take the course.

You may seek an exemption for tuition in lectures, tutorials, laboratory, practical, field, or any other work for repeated courses. This is granted at the discretion of the Amo | Dean and with the agreement of the department or school and yourself. If an exemption is granted, you will still pay the full tuition fee for the course.

You may be required to attend an interview with the Dean or Academic Services Manager.

Student number <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Full name _____
Qualification _____
Course code and title _____
<b>Justi cation</b> Provide details of why you believe you should be permitted to enrol in the course again, and how you intend to pass on this attempt. Attach supporting documentation (eg study plan).  _____ _____ _____ _____ _____
Signed _____ Date _____

Email the completed form (plus any supporting documentation) to the Student Advisor in your Faculty/School to be assessed. Email addresses can be found at <https://www.canterbury.ac.nz/support/advisors/>

<b>FACULTY/SCHOOL COMPLETE:</b>  Department representative / Student Advisor recommendation: _____ _____  Dean / Academic Services Manager resolution: _____ _____  Application approved <input type="radio"/> Yes <input type="radio"/> No  Signed _____ Date _____
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