University of the West Indies
Cave Hill Campus
Faculty of Social Sciences

# Request to Read a Sixth Course

**TO BE COMPLETED BY STUDENT IN CAPITAL LETTERS.**

| ***Student Information*** | | |
|---|---|---|
| Surname: | Given names: | |
| Student ID#: | Programme: | |
| Level : I ☐ II ☐ III ☐ | Number of Credits Completed: | |
| ***Contact Details*** | | |
| Telephone: (h) | (c) | (w) |
| Email(s): | | |
| ***Provide detailed information on course below*** | | |
| Course Code & Title: | CRNs:<br>Proposed Lecture CRN: _____<br>Proposed Tutorial CRN: _____ | |
| How does this course relate to your programme of study?<br>Core (mandatory) ☐ Elective ☐ Option (from a given list) ☐ Other ☐ _____ | | |
| ***Provide information on Academic Standing and GPA for the previous semester(s) below*** | | |
| Current Academic Standing: ☐ Good Standing ☐ Academic Warning ☐ Required to Withdraw<br>GPA for previous 2 semesters: Semester: _____GPA: _____ and Semester: _____ GPA: _____ | | |
| | | |
| ***Briefly state the reason for requesting to read a sixth ($6^{th}$) course:*** | | |

☐ I have checked my transcript online and therefore can verify that the information given above is correct.

Signature: …….. Date: / / **(dd/mm/year)**

**FOR OFFICIAL USE ONLY – (TO BE COMPLETED BY ADVISOR & DEAN'S OFFICE)**

**1.** Name of Advisor: _____

***REVIEW OF TRANSCRIPT***

***2.*** Programme of Study: _____

b) Is student following Programme in which (s)he is registered? ☐ Yes ☐ No

c) If no please:

i) Indicate programme student seems to be following: _____

ii) Proposed appointment date for academic counselling: **(Indicate date of appointment)** Date: / / **(dd/mm/year)**

***3.*** Please confirm student's current Level or number of credits: Level I__ II__III__ and/or credits _____

***GPA Information for last Academic Year***

***4.*** Degree GPA: Semester I GPA : _____ Semester II GPA: _____

**(Date transcript was reviewed)** As at : / / **(dd/mm/year)**

***Course Relationship to Programme***

***5.*** **Please indicate whether:**

Core (mandatory) ☐ Elective ☐ Option (from a given list) ☐ Other ☐ _____

**6.** Advisor comments: _____

_____

_____

**7.** Sixth course recommended ☐ Yes ☐ No

Advisor signature:…… Date: / / **(dd/mm/year)**

***Dean's Office***

**8.** Comments: _____

_____

_____

_____

Sixth course approved ☐ Sixth course denied ☐

Signature: …….. Date: / / **(dd/mm/year)**