University of the West Indies
Cave Hill Campus
Faculty of Sport

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: Proposed Lecture CRN: _____ Proposed Tutorial CRN: _____	
How does this course relate to your programme of study? 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 GPA for previous 2 semesters: Semester: _____GPA: _____ and Semester: _____ GPA: _____		
Briefly state the reason for requesting to read a sixth (6th) 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)**