

PETITION FOR SECOND REPEAT

NAME: _____ **PERM #:** _____

MAJOR: _____ **UMAIL:** _____ **PHONE #:** _____

Expected date of graduation: _____

Request to repeat the following course: _____ **Specify Quarter:** _____

Please explain why you have been unable to pass this course after multiple attempts, what you have done since the last time to prepare for the course, and what you plan to do differently this time. Attach a separate document if necessary:

If approved, the following conditions will apply:

- Approval will only be granted for the quarter specified above.
- Approval provides you an opportunity, not a guarantee, to enroll in the course.
- You must earn a B or better in the course. Your grades will be reviewed at the end of the quarter in which you complete the course to assess your ability to continue in the major.
- Additional requests to repeat this course, or any other course, more than once will be denied.

Check here to show that you have read and understand the conditions noted above. ►►◄◄

Student's Signature: _____ **Date:** _____

Major Department's Recommendation to the Associate Dean: Approve Deny

Dept. Chair or Faculty Advisor **Date**

Comments:

To the student from the Associate Dean: Approved with conditions noted Deny

Associate Dean **Date**