

PETITION FOR GRADUATION MATTERS SECOND REPEAT

NAME: _____ PERM #: _____
MAJOR: _____ EMAIL: _____ 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. Use the back of this page if necessary:

If approved, the following conditions will apply:

1. Approval will only be granted for the quarter specified above.
2. Approval provides you an opportunity, NOT a guarantee, to enroll in the course.
3. If approved, you will be put on an academic contract with the Associate Dean's Office.
4. You must earn a B or better in the course. Make sure you are prepared before you attempt the course.
5. Additional requests to repeat this course, or any other course, more than once will be denied.

Click 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

Department Chair or Advisor Date

Comments:

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

Associate Dean Date